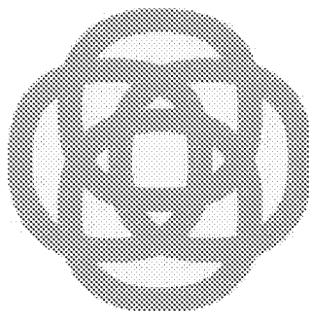


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PARTNERS *for*

UNDERSTANDING PAIN

NURSES CARE
CAMPAIGN

September
2007

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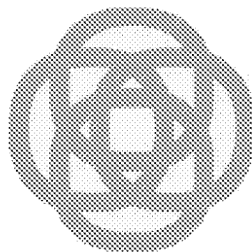
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PARTNERS for

UNDERSTANDING PAIN

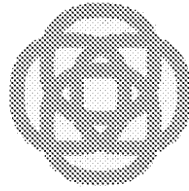
**PARTNERS
FOR
UNDERSTANDING PAIN**

BACKGROUND AND RESOURCES



PARTNERS FOR UNDERSTANDING PAIN MISSION

- ❖ Partners for Understanding Pain is a consortium of organizations that touch the lives of people with chronic, acute, and cancer pain.
- ❖ The partnership, spearheaded by the American Chronic Pain Association, will strive to create greater understanding among health care professionals, individuals and families who are struggling with pain management, the business community, legislators, and the general public that pain is a serious public health issue.
- ❖ Through its members, each of whom brings its own perspective to the dialogue, Partners for Understanding Pain represents a comprehensive network of resources and knowledge about issues in pain management.
- ❖ Partners for Understanding Pain is dedicated to building the understanding and support that can help people with chronic, acute and cancer pain lead better lives. Call 1-800-533-3231 or visit www.understandingpain.org for more information.



PARTNERS *for*
UNDERSTANDING PAIN

PARTNERS LIST

AMERICAN ACADEMY OF NURSE PRACTITIONERS

AMERICAN ACADEMY OF PAIN MANAGEMENT

AMERICAN ACADEMY OF PAIN MEDICINE

AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

AMERICAN ALLIANCE OF CANCER PAIN INITIATIVES

AMERICAN ASSOCIATION OF COLLEGES OF NURSING

AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

AMERICAN ASSOCIATION OF REHABILITATION NURSES

AMERICAN BACK SOCIETY

AMERICAN CANCER SOCIETY

AMERICAN CHRONIC PAIN ASSOCIATION

AMERICAN NURSES ASSOCIATION

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

AMERICAN PAIN FOUNDATION

AMERICAN PAIN SOCIETY

AMERICAN PHARMACISTS ASSOCIATION

AMERICAN PHYSICAL THERAPY ASSOCIATION

AMERICAN PUBLIC HEALTH ASSOCIATION

AMERICAN RSDHOPE GROUP

AMERICAN REHABILITATION NURSES

AMERICAN SOCIETY OF PAIN EDUCATORS

AMERICAN SLEEP APNEA ASSOCIATION

AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS

AMERICAN SOCIETY OF PAIN MANAGEMENT NURSES

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

ARTHRITIS FOUNDATION

BAYLOR COLLEGE OF MEDICINE:
DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION.

BLACK WOMEN'S HEALTH IMPERATIVE

CENTER FOR CANCER PAIN RESEARCH AT JOHNS HOPKINS

CHRONIC FATIGUE SYNDROME AND IMMUNE DYSFUNCTION SYNDROME (CFIDS) ASSOCIATION OF
AMERICA

CIRCLE OF FRIENDS WITH ARACHNOIDITIS

CITY OF HOPE PAIN/PALLIATIVE CARE RESOURCE CENTER (COHPPRC)

CONSORTIUM FOR CITIZENS WITH DISABILITIES

COVENANT HEALTH SYSTEM, COVENANT MEDICAL CENTER & COVENANT LAKESIDE

DEPARTMENT OF VETERAN AFFAIRS MEDICAL CENTER, HOUSTON, TX

ENDOMETRIOSIS ASSOCIATION, INTERNATIONAL

ENDOMETRIOSIS RESEARCH CENTER

FAMILY CAREGIVERS ALLIANCE

FOR GRACE

INSTITUTE FOR HEALTH AND PRODUCTIVITY MANAGEMENT

INTERCULTURAL CANCER COUNCIL

INTERNATIONAL FOUNDATION FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

INTERSTITIAL CYSTITIS ASSOCIATION

LUPUS FOUNDATION OF AMERICA

MEN'S HEALTH NETWORK

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NATIONAL CHRONIC PAIN OUTREACH

NATIONAL CHRONIC PAIN SOCIETY

NATIONAL COMMITTEE ON THE TREATMENT OF INTRACTABLE PAIN

NATIONAL CONSUMER LEAGUE

NATIONAL FIBROMYALGIA ASSOCIATION

NATIONAL FIBROMYALGIA PARTNERSHIP

NATIONAL HEADACHE FOUNDATION

NATIONAL HISPANIC MEDICAL ASSOCIATION

NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

NATIONAL MEDICAL ASSOCIATION

NATIONAL PAIN FOUNDATION

NATIONAL URBAN LEAGUE

NATIONAL VULVODYNIA ASSOCIATION

NATIONAL WOMEN'S HEALTH RESOURCE

NATIVE AMERICAN CANCER RESEARCH

THE NEUROPATHY ASSOCIATION

PAIN COMMISSION OF OREGON

PAIN POLICY FOUNDATION, INC.

PAIN & POLICY STUDIES GROUP: UNIVERSITY OF WISCONSIN

PHARMACEUTICAL RESEARCH AND MANUFACTURERS (PhRMA)

POST-POLIO HEALTH INTERNATIONAL

PROGRESS ON PAIN

REFLEX SYMPATHETIC DYSTROPHY SYNDROME (RSDS) ASSOCIATION OF AMERICA

SICKLE CELL DISEASE ASSOCIATION

SOUTHERN CALIFORNIA CANCER PAIN INITIATIVE

SIDNEY KIMMEL CANCER CENTER AT JOHN HOPKINS

THE TMJ ASSOCIATION

TRIGEMINAL NEURALGIA ASSOCIATION

TRIUMPH OVER PAIN FOUNDATION

UNIVERSITY OF FLORIDA COMPREHENSIVE CENTER FOR PAIN

VISITING NURSE ASSOCIATIONS OF AMERICA

VZV RESEARCH FOUNDATION

WORLD HEALTH ORGANIZATION COLLABORATING
CENTER FOR POLICY AND COMMUNICATIONS



KEY MESSAGES

- ❖ **Pain is a major health issue.** Unmanaged pain can slow the rate of recovery for surgical patients and affect the quality of outcomes. Cancer patients who experience breakthrough pain are hospitalized and visit the emergency room more often than patients whose pain is under control. Pain is the number-one cause of adult disability in the United States and affects one in three people or about 50 million Americans. According to an omnibus survey of 1,000 Americans conducted for the Partners for Understanding Pain, 34 percent of respondents said they currently live with ongoing pain. In spite of its pervasiveness, few physicians receive more than a few hours of formal training on pain management
- ❖ **Pain is a major economic issue.** According to the National Institute for Occupational Safety and Health, pain costs \$100 billion annually in lost workdays, medical expenses, and other benefit costs. Skyrocketing health care costs leave some, especially senior citizens, minorities, and the urban and rural poor, unable to get treatment that can help them manage their pain.
- ❖ **Pain is a major social issue.** Long-term, unmanaged pain can cause people to withdraw from family and friends and leave them unable to care for children, hold steady jobs, and at times even face a personal future. Pain has an impact on the fabric of society well beyond the individual, effecting his or her spouse or partner, children, family, and community.
- ❖ **Pharmacists care about the management of pain** and want to ensure that consumers understand how to take medications, especially those who do not speak English or lack skills to understand written information.



2001 TO 2010: THE DECADE OF PAIN CONTROL AND RESEARCH

Challenges and Opportunities



In passing HR 3244, Congress officially declared the ten calendar years beginning on January 1, 2001 to be the Decade of Pain Control and Research. President Clinton signed the bill into law in October, 2000. This is only the second named decade in our history, following the Decade of the Brain in the 1990s.

With this designation, brought about through the efforts of the American Academy of Pain Medicine, the American Headache Society, and the American Pain Society, it was hoped that public attention and funding for research would be focused on an under-recognized but very serious issue.

Yet, as we approach the middle of the decade, we have barely begun.

- ❖ Multi-disciplinary pain management units face program-imperiling budget cuts as health care facilities struggle with declining revenues.
- ❖ Skyrocketing pharmaceutical costs leave some, especially seniors, without the means to acquire the medicines that can help them manage their pain.
- ❖ Abuse of medications by a small number of individuals has refueled fears about addiction and reawakened stigmas that keep many from even asking about pain management medicines.
- ❖ Underserved minorities continue to do without.
- ❖ And myths about pain and our potential for managing it prevail in the general population.

Partners for Understanding Pain was created to address these and other critical issues surrounding pain management today. Our hope and our mandate is to raise awareness about the sources of pain and the resources now available to people who suffer. Medical research has come far, but we still have far to go.

By joining together and giving a human face and voice to a problem we all share, we pledge to mobilize resources to fulfill the promise of the Decade of Pain Control and Research.



Pain touches each one of us at one time or another. Pain can begin for many different reasons. Yet as common as pain is, the medical community is just beginning to understand and better address the many forms of pain.

Partners for Understanding Pain developed this fact sheet to provide information and to distinguish among the three types of pain—chronic, acute, and cancer pain.

Acute pain has a distinct beginning and end and is the result of illness or injury. This type of pain usually can be largely relieved with appropriate treatment, as can cancer pain. It is important that the pain be taken seriously and managed as part of sound patient care.

Currently there is no cure for chronic pain and, as a condition that can affect individuals life long, it also needs to be taken seriously. A multidisciplinary treatment approach can help people with chronic pain regain control of their lives and reduce their sense of suffering.

CHRONIC PAIN FACTS

Key Facts:

- ❖ Chronic pain lasts. Pain is considered chronic when it continues beyond the usual recovery period for an injury or an illness. It may be continuous or come and go.
- ❖ Chronic pain, sometimes called persistent pain, can be very stressful for both the body and the soul and requires careful, ongoing attention to be appropriately treated.
- ❖ Chronic pain is often intractable, as the cause of pain cannot be removed or treated.
- ❖ Chronic pain is the number one cause of adult disability in the United States.
- ❖ Chronic pain can touch nearly every part of a person's daily life. It also has an impact on the family and, because of its economic and social consequences, it affects us all.
- ❖ Chronic pain can be a source of frustration for the health care professionals who seek to provide care and assistance.

Incidence:

- ❖ The American Chronic Pain Association (ACPA) estimates that one in three Americans (approximately 50 million people) suffers from some type of chronic pain.

Causes:

- ❖ Lower back problems, arthritis, cancer, RSDS, repetitive stress injuries, shingles, headaches, and fibromyalgia are the most common sources of chronic pain. Others include diabetic neuropathy, phantom limb sensation, and other neurological conditions.

ACUTE PAIN FACTS

Key Facts:

- ❖ Acute pain may be mild and last just a moment. It also can be severe and last for weeks or months, as does pain from a burn, pulled muscle, or broken bone.
- ❖ Acute pain has a distinct beginning and end. The cause of acute pain is known and, as you heal, the pain will lessen and finally go away.
- ❖ Acute pain usually starts suddenly, may be sharp, and often triggers visible bodily reactions such as sweating, an elevated blood pressure, and more. Acute pain is generally a signal of rapid-onset injury to the body and it resolves when pain relief is given or the injury is treated.
- ❖ Pain should be considered the fifth vital sign, along with respiration, pulse, blood pressure, and core temperature.
- ❖ Most of the time medication and other treatment can greatly relieve acute pain. Pain management is an important part of effective total care.

Incidence:

- ❖ Muscle pain, one of the most common types of acute pain, affects 53 percent of Americans.
- ❖ Lower back pain is the most common form of acute pain and is the fifth most common cause for all physician visits. It is responsible for direct health care expenditures of more than \$20 billion annually.

Causes:

- ❖ Acute pain is triggered by tissue damage such as a skin burn, muscle pain, or a broken bone. It's the type of pain that generally accompanies an illness, an injury, or surgery.
- ❖ Acute pain can manifest in just about any part of the body.

CANCER PAIN FACTS

Key Facts:

- ❖ Not everyone who has cancer experiences pain; those who do may not have it all the time.
- ❖ Ongoing cancer pain can be successfully treated in about 95 percent of people with cancer with the drug and non-drug therapies that are currently available.
- ❖ Along with ongoing cancer pain, sometimes people have acute flares of pain when not all pain is controlled by the medication or therapy. This pain, usually called breakthrough pain, can also be controlled by additional medications.
- ❖ Cancer patients often downplay their pain to doctors for fear that their pain means that their cancer is getting worse or that they will be thought to be complainers.
- ❖ In almost every aspect of cancer treatment—surgery, chemotherapy or radiation—cancer patients follow the lead of their doctors. But when it comes to pain, patients need to assert themselves and be open about the degree of pain they are experiencing.

Incidence:

- ❖ Approximately 30 to 40 percent of Americans diagnosed with cancer experience moderate to severe pain, with 90 percent of people who have a more advanced diagnosis of cancer experiencing significant amount of pain.
- ❖ Sixty to 80 percent of all cancer patients with bone metastases feel pain.

Causes:

- ❖ Most cancer pain is caused by the effects of cancer itself, the side effects of treatment, compression on bones, nerves or body organs, poor blood circulation, blockage of an organ, metastasis, infection, or inflammation.



2002 PAIN AWARENESS SURVEY

Partners for Understanding Pain commissioned a survey in June 2002 to identify current levels of awareness and understanding of pain and pain management issues among the general population. The survey was polled 1,000 adult Americans. Results are representative of and projectable to the US adult population.

Here are highlights of the findings.

What is the number one reason for going to the doctor in the US?

| | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------|-----|-------------|-----------------|-------|-------|----------|
| Pain | 27% | 24%/30% | 27%/26% | 27% | 28% | 26% |
| Cold or flu | 35% | 38%/32% | 36%/33% | 36% | 25% | 43% |
| Injury | 17% | 17%/18% | 17%/18% | 16% | 26% | 13% |
| Check ups | 16% | 15%/16% | 16%/15% | 16% | 15% | 13% |
| Headache | 3% | 3%/2% | 2%/3% | 2% | 7% | 3% |
| Don't Know/No Answer | 2% | 3%/2% | 1%/5% | 2% | 0% | 1% |

One-third of Americans (35%) think that the number one reason people go to the doctor is for the cold or flu. Pain (27%) is the next most commonly cited reason for a doctor visit, followed by injury (17%) and checkups (16%).

What is the number one cause of disability in the United States?

| | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------|-----|-------------|-----------------|-------|-------|----------|
| Chronic pain | 36% | 40%/32% | 37%/35% | 39% | 17% | 44% |
| Stroke | 16% | 15%/16% | 15%/16% | 14% | 26% | 14% |
| Hearing loss | 1% | 1%/1% | 1%/2% | 1% | 1% | 1% |
| Cancer | 19% | 16%/23% | 18%/22% | 18% | 28% | 20% |
| Heart attack | 24% | 23%/24% | 25%/20% | 23% | 27% | 18% |
| Don't Know/No Answer | 4% | 4%/4% | 4%/5% | 5% | 0% | 2% |

Chronic pain is the most commonly cited cause of disability in the US by 36% of the respondents. Fewer think heart attack (24%), cancer (19%) or stroke (16%) is the number one cause of disability in this country.

Do you agree: Pain is a normal part of many injuries and illnesses and there is not much that can be done to treat it.

| | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Agree strongly | 12% | 12%/13% | 13%/11% | 12% | 18% | 12% |
| Agree | 30% | 32%/28% | 29%/31% | 29% | 37% | 34% |
| Neither agree nor disagree | 8% | 9%/7% | 8%/9% | 9% | 6% | 5% |
| Disagree | 35% | 32%/38% | 35%/35% | 36% | 26% | 30% |
| Disagree strongly | 13% | 14%/12% | 14%/12% | 13% | 13% | 20% |
| Don't Know/No Answer | 1% | 1%/2% | 1%/2% | 1% | 0% | 0% |

About half of the respondents disagreed with this statement (48%) while a similar proportion (42%) agreed.

Do you feel your physician is equipped with the knowledge to diagnose and treat pain problems?

| DIAGNOSE | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Yes | 79% | 78%/79% | 78%/81% | 80% | 76% | 67% |
| No | 16% | 16%/16% | 16%/15% | 14% | 22% | 28% |
| Don't Know/No Answer | 5% | 6%/5% | 6%/4% | 6% | 3% | 5% |

| TREAT | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Yes | 83% | 81%/84% | 82%/85% | 82% | 92% | 75% |
| No | 13% | 13%/12% | 13%/11% | 13% | 6% | 19% |
| Don't Know/No Answer | 5% | 6%/4% | 5%/4% | 5% | 1% | 6% |

Respondents are quite confident that their primary care physician has the knowledge to diagnose (79%) and treat (83%) pain problems.

How likely do you think it is that treating pain with strong medicines is likely to result in patients becoming addicted to the drugs?

| | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Very likely | 29% | 26%/31% | 28%/30% | 28% | 33% | 28% |
| Somewhat likely | 49% | 51%/48% | 49%/49% | 49% | 55% | 44% |
| Not too likely | 17% | 18%/16% | 17%/15% | 18% | 8% | 24% |
| Not at all likely | 3% | 3%/3% | 3%/3% | 3% | 4% | 4% |
| Don't Know/No Answer | 2% | 2%/3% | 1%/3% | 2% | 0% | 1% |

Most respondents (78%) think there is a very (29%) or somewhat (49%) likely possibility that treating pain with strong medicine will result in the patient becoming addicted. Just one in five thinks addiction is not too or not at all likely if pain is treated with strong medicine.

What is the typical profile of someone who lives with ongoing pain?

| | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|---------------------------|--------------|----------------------------|------------------------|--------------|--------------|-----------------|
| Adults over the age of 65 | 43% | 45%/42% | 45%/38% | 44% | 38% | 29% |
| Adults aged 25-64 | 30% | 30%/31% | 30%/32% | 31% | 25% | 40% |
| Adults aged 18 to 24 | 2% | 2%/1% | 1%/2% | 1% | 4% | 0% |
| Teenagers | Less than 1% | 1%/less than 1% | Less than 1%/1% | Less than 1% | 1% | 0% |
| Children | Less than 1% | 0%/ less than 1% | 0%/1% | Less than 1% | 0% | 0% |
| All of the above | 23% | 21%/24% | 22%/24% | 22% | 31% | 30% |
| None Of The Above | Less than 1% | Less than 1%/ Less than 1% | Less than 1%/0% | Less than 1% | 0% | 1% |
| Don't Know/No Answer | 1% | 1%/2% | 1%/2% | 1% | 0% | 0% |

Most respondents think the typical profile of someone who lives with ongoing pain is:

An adult aged 65 or over (43%)

An adult aged 25-64 (30%)

Practically no respondents think the typical profile of a person living in pain is a teenager or young child (1%).

Do you agree: Some people exaggerate their pain to get pain killers or attention or to avoid work.

| TO GET PAIN KILLERS | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Strongly Agree | 28% | 27%/28% | 29%/25% | 28% | 28% | 36% |
| Agree | 55% | 56%/54% | 55%/55% | 55% | 56% | 51% |
| Neither agree nor disagree | 5% | 4%/7% | 5%/5% | 6% | 2% | 4% |
| Disagree | 9% | 12%/7% | 9%/10% | 9% | 12% | 9% |
| Strongly Disagree | 1% | 1%/2% | 1%/1% | 1% | 1% | 1% |
| Don't Know/No Answer | 2% | 1%/3% | 1%/3% | 2% | 1% | 0% |

| TO GET ATTENTION | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Strongly Agree | 28% | 27%/29% | 28%/28% | 28% | 27% | 33% |
| Agree | 58% | 60%/56% | 57%/59% | 58% | 57% | 53% |
| Neither agree nor disagree | 4% | 3%/5% | 4%/3% | 5% | 1% | 1% |
| Disagree | 9% | 8%/9% | 10%/6% | 8% | 13% | 12% |
| Strongly Disagree | 1% | Less than 1%/1% | 1%/1% | 1% | 0% | 1% |
| Don't Know/No Answer | 1% | 1%/1% | Less than 1%/2% | 1% | 1% | 0% |

| TO AVOID WORK | All | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|----------------------------|------------|--------------------|------------------------|--------------|--------------|-----------------|
| Strongly Agree | 28% | 31%/26% | 29%/27% | 28% | 32% | 39% |
| Agree | 55% | 53%/57% | 55%/57% | 55% | 57% | 48% |
| Neither agree nor disagree | 4% | 5%/4% | 5%/4% | 5% | 1% | 4% |
| Disagree | 9% | 10%/9% | 10%/8% | 10% | 8% | 8% |
| Strongly Disagree | 1% | Less than 1%/1% | Less than 1%/2% | 1% | 1% | 1% |
| Don't Know/No Answer | 2% | 1%/2% | 1%/2% | 2% | 0% | 0% |

A substantial majority of respondents agreed that some people have the tendency to exaggerate their pain to get attention (86%); avoid work (84%); get pain killers (83%).

The youngest respondents are much more likely to think people exaggerate pain to avoid work (91%) or get pain killers (90%) than are those aged 65 or over (80% and 78% respectively).

Do you currently live with ongoing pain?

| | Male/Female | Metro/Non-Metro | White | Black | Hispanic |
|-----|--------------------|------------------------|--------------|--------------|-----------------|
| Yes | 35%/34% | 32%/41% | 36% | 31% | 34% |
| No | 65%/66% | 68%/58% | 64% | 68% | 66% |

| | All | Those over 65 | Income under \$15k | Income over \$50k |
|-----|------------|----------------------|---------------------------|--------------------------|
| Yes | 34% | 49% | 46% | 27% |
| No | 65% | 51% | 53% | 73% |

One-third of the respondents said they currently live with ongoing pain. Those living with ongoing pain tend to be over 65 (49%); and have lower incomes or less education.



American Chronic Pain Association

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 E-mail: ACPA@pacbell.net
 Web: www.theacpa.org

NEW SURVEY REVEALS EMERGING “LIFESTYLE OF PAIN” IN AMERICA

First survey of its kind to benchmark people with pain's attitudes toward the condition

ROCKLIN, Ca., May 6, 2005 – Seventy-two percent of people with chronic pain have lived with it for more than three years, including a third (34 percent) who have lived with pain for more than a decade, according to results from the Americans Living with Pain Survey (ALPS), designed to uncover insights regarding attitudes and perceptions about chronic pain. Yet nearly half (44 percent) of people with pain who have talked to their doctor about it delay doing so, often for several months or longer, despite the impact it has on their lives. A little more than half (53 percent) of those who do eventually visit their doctor do so because their pain is becoming increasingly severe.

“This survey demonstrates that chronic pain is a problem that has reached near epidemic proportions,” said Edward Covington, M.D., Director of the Chronic Pain Rehabilitation Program at the Cleveland Clinic. “The ‘can do, can cope’ spirit of Americans can lead to untreated chronic pain, which has a severe impact on people’s work, personal relationships, hobbies, and even sex, and can greatly diminish their quality of life. In addition to physical disability, it may also lead to irritability, anxiety, or depression.”

Many Americans who delay seeing a doctor about their pain believe that their pain will eventually go away, or that pain alone is not a serious health condition. Others delay seeking treatment because they think they can live with the pain even though it is increasingly taking a toll on their quality of life and emotional well-being. ALPS reveals that two out of three people living with chronic pain say that it leads to stress and irritable behavior. A large number of respondents also report that pain has a negative impact on their personal relationships (45 percent), work productivity (51 percent of those employed) and daily routine (61 percent).

“One of the most important aspects of managing one’s pain is taking an active role in care and becoming part of the treatment team,” says Penney Cowan, executive director, American Chronic Pain Association. “There are many treatment options available to help people reduce the effects of pain in their lives. Proactive behavior such as recognizing emotions and practicing relaxation techniques to reduce stress, pacing activities and working within personal limits, and exercising on a regular basis may contribute to better pain control.”

Who’s Hurting?

According to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), nearly a third of Americans will experience chronic pain at some point in their lives. And approximately 50 million Americans live with chronic pain today; it is the number one cause of adult disability in the United States. ALPS reveals that people are experiencing pain at a younger age than what may be commonly perceived or assumed; proportionally just as many younger people surveyed experience back pain as do middle aged and older adults.

- more -

- ❖ **Younger People (18-34):** 82 percent of younger people also experience grumpiness or irritable behavior as a result of their chronic pain
- ❖ **Women:** Women are more likely to be affected emotionally by their pain than men, especially in terms of stress (70 percent) and loss of motivation (55 percent)
- ❖ **Men:** Nearly three in 10 men (28 percent) experience less desire for sex due to chronic pain

Pain in the Workplace

Pain costs the United States an estimated \$100 billion in lost productivity every year, according to a JCAHO report. The survey demonstrates that chronic pain is a major cause of absenteeism.

- ❖ ALPS shows that 41 percent of those employed and living with chronic pain report their pain adversely affects their ability to put in a full day's work; three in 10 (27 percent) say it impacts their ability to get to work in the first place.
- ❖ One in six employed people living with chronic pain say it has adversely affected their career advancement opportunities.

How is Pain Being Treated?

Once people address their condition, ALPS reveals that treatment of chronic pain varies, with nearly half of people taking prescription medication and about half not taking prescription medication.

- ❖ For those taking only prescription medication, 81 percent report being very satisfied with how their doctor is helping them manage their pain, as opposed to 64 percent of those who are taking only over-the-counter medication.
- ❖ 86 percent of those taking only prescription medication also use alternative treatments, including physical therapy (58 percent), massage (39 percent) and meditation (23 percent).

Many Fear Losing Access to Pain Medicine

With increasing attention being paid to cost and legislative issues, people with pain express concerns about access.

- ❖ Three in ten have been unable to get a prescription filled because of cost or lack of insurance.
- ❖ Almost three in 10 believe that it will become more difficult to get the medication they need in the future.

Satisfaction and Concerns about Medication Vary

Attitudes toward medication show as much variation as the types of people experiencing pain. Significant numbers of people with pain report concerns about taking pain medications including fear of side effects (56 percent) and worries that they will need medication for the rest of their lives (49 percent) while showing surprisingly little awareness (26 percent) of prescription topical pain patches as an alternative.

- ❖ Concern about potential side effects among those taking only prescription medication is generally higher among 35 to 50 year-olds, with 58 percent worried that it might be addictive.
- ❖ Compared to those taking prescription pain medicines, users of both prescription and over the counter medications were more likely to experience side effects (drowsiness: 52 percent, nausea: 41 percent).

- more -



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About the Survey

The Americans Living with Pain Survey (ALPS) was conducted by Roper Public Affairs and Media, on behalf of the American Chronic Pain Association (ACPA) with support from Endo Pharmaceuticals. The survey findings are based on 800 telephone interviews conducted with adults experiencing chronic pain in the United States. The sampling frame for this survey was a national random digit dialing system that included all telephone households in the United States, both listed and unlisted. The sample for this survey was drawn from this frame using probability selection procedures; as such, the survey findings are projectable to all adults with chronic pain.

Roper Public Affairs and Media is part of NOP World, the ninth largest survey research company in the world. As a part of NOP, World Roper shares complete in-house facilities for statistics, sampling, interviewing, data processing and statistical analysis, and production. This provides total control over the research process from beginning to end.

About the American Chronic Pain Association

The American Chronic Pain Association has offered support and information for people with chronic pain since 1980. Its mission is to facilitate peer support and education for individuals with chronic pain and their families so that these individuals may live more fully in spite of their pain and to raise awareness among the health care community, policy makers, and the public at large about issues of living with chronic pain.

ACPA support groups meet in the United States, Canada, the United Kingdom, and in many other nations around the world. In addition, the ACPA provides a wealth of materials, including self-help manuals, videos, workbooks, and other resources that can help people with pain and their families. These materials, created by people with pain for people with pain, offer unique insight into the reality of chronic pain and its management and hope for improving quality of life for those who live with pain daily.

In 2002, the ACPA organized Partners for Understanding Pain, a consortium of more than 70 groups with an interest in the social, individual, and economic impact of pain in our communities. The goal of Partners for Understanding Pain is to raise awareness about chronic, acute, and cancer pain through grassroots community outreach and a national media relations campaign.

Learn more about the Partners for Understanding Pain at www.understandingpain.org.

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**LET YOUR VOICE BE HEARD:
WRITING LETTERS TO MEMBERS OF CONGRESS AND GOVERNORS**

Together our voices are very strong! We invite you to join us in a letter-writing campaign to help ensure that September is recognized as pain awareness month.

Our letters also can bring to the attention of our elected officials the enormous impact pain has in health care costs, economic productivity, and human suffering on the people they represent.

Sample letters and petitions follow. Please modify them to reflect your mission as appropriate.

Taking It To The Next Level

Meeting with the elected official also can be helpful. Call his or her office to see when a convenient time might be to meet and discuss the issues your organization faces in the complex problem of pain

Your Organization Has A Voice

Share this information with your members and ask them to write letters also. You may wish to post the letter and the tips below on your web site to encourage all who visit your web site to help bring the issue of pain to the forefront. To learn how to contact their congress and senators, they may log on to <http://www.visi.com/juan/congress/>

Tips For Writing To Policy Makers

- ❖ Be sure to include your name and the organization that you are representing (use your letterhead, if possible)
- ❖ Get to the point immediately
- ❖ Keep it brief
- ❖ Remember that you are the expert on this topic
- ❖ Provide a follow up plan to contact them
- ❖ Make sure that you include a return address and a phone number where you can be reached in the signature

You also may develop an on-line petition to be signed in support of declaring September as Pain Awareness Month and Partners for Understanding Pain. Post our petition in your offices or agency and take copies to community days and other events. Good luck!



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SAMPLE LETTER

(Date)

Name

Address

City, State Zip

Dear Senator or Governor (last name)

On behalf of Partner Group and Partners for Understanding Pain, I ask for your support in declaring September, 2007, and subsequent Septembers Pain Awareness Month.

Pain is a major health issue. It is the number-one cause of adult disability in the United States and affects one in three people or about 50 million Americans. According to an omnibus survey of 1,000 Americans conducted for the Partners for Understanding Pain, 34 percent of respondents said they currently live with ongoing pain. In spite of its pervasiveness, few physicians receive more than a few hours of formal training in pain management

Pain is a major economic issue. According to the National Institute for Occupational Safety and Health, pain costs \$100 billion annually in lost workdays, medical expenses, and other benefit costs. Skyrocketing health care costs leave some, especially senior citizens, minorities, and the urban and rural poor, unable to get treatment that can help them manage their pain.

Pain is a major social issue, with an impact well beyond the individual on his or her spouse or partner, children, family, and community.

For only the second time in history, the US Congress has declared a theme for a decade; we are now in the fourth year of the **Decade of Pain Control and Research**. In this context, Partners for Understanding Pain brings together more than 80 organizations to build understanding of chronic, acute, and cancer pain issues and the impact of pain today. For more information about Partners for Understanding Pain, call 1-800-533-3231 or visit www.theacpa.org.

We ask you to support of our efforts to have pain taken seriously by helping us have September declared Pain Awareness Month. I will call your office on (day, date, time) to answer any questions you might have. I hope that we can count on your support.

Thank you for your consideration to this very important issue.

Name

Organization

Address

Phone number

e-mail



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SAMPLE PETITION

List names of members of congress/governor to whom the petition will be sent.

By our signatures on this petition, we urge you to take action to have September, 2007, and subsequent Septembers declared Pain Awareness Month. We believe that pain needs to be taken seriously for these reasons:

Pain is a major health issue. It is the number-one cause of adult disability in the United States and affects one in three people or about 50 million Americans. According to an omnibus survey of 1,000 Americans conducted for the Partners for Understanding Pain, 34 percent of respondents said they currently live with ongoing pain. In spite of its pervasiveness, few physicians receive more than a few hours of formal training on pain management

Pain is a major economic issue. According to the National Institute for Occupational Safety and Health, pain costs \$100 billion annually in lost workdays, medical expenses, and other benefit costs. Skyrocketing health care costs leave some, especially senior citizens, minorities, and the urban and rural poor, unable to get treatment that can help them manage their pain.

Pain is a major social issue, with an impact well beyond the individual on his or her spouse or partner, children, family, and community.

Signatures:

Name

Address



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TOOL KIT FOR OBTAINING A STATE PROCLAMATION

Thank you for your interest in obtaining a proclamation from your Governor to declare September Pain Awareness Month. As we begin the fourth year of the Decade of Pain Control and Research, we have yet to make a significant impact on increasing research, improving access to care, reducing the cost of care, and dispelling myths about long-term pain. By joining together and giving a human face and voice to a problem we all share, we can mobilize resources to fulfill the promise of the Decade of Pain Control and Research.

Enclosed is an easy-to-follow guide, several examples of proclamations, and useful facts to help in your efforts. Our hope is to have as many states as possible obtain proclamations. Because this is a Presidential election year we need to move quickly to ensure success.

Together our voices will be heard as we work to bring pain to the top of the health care agenda. Please share your success with us so we can post your state's proclamation on the Partners for Understanding Pain web site. If you have any questions, please feel free to call 800-533-3231 or email us at acpa@pacbell.org. We appreciate your help. Thank you!

Partners For Understanding Pain Mission

- ❖ Partners for Understanding Pain is a consortium of organizations that touch the lives of people with chronic, acute, and cancer pain.
- ❖ The partnership, spearheaded by the American Chronic Pain Association, will strive to create greater understanding among health care professionals, individuals and families who are struggling with pain management, the business community, legislators, and the general public that pain is a serious public health issue.
- ❖ Through its members, each of whom brings its own perspective to the dialogue, Partners for Understanding Pain represents a comprehensive network of resources and knowledge about issues in pain management.
- ❖ Partners for Understanding Pain is dedicated to building the understanding and support that can help people with chronic, acute and cancer pain lead better lives. Call 1-800-533-3231 or visit www.theacpa.org for more information.



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PROCESS FOR SECURING STATE GOVERNORS' PROCLAMATIONS

- 1) **Goal and Purpose:** Identify your goal and the purpose. Example:

The goal is to obtain a Governor's Proclamation declaring September 2007 as Connecticut Pain Awareness Month.

The purpose is to increase awareness surrounding the under-treatment of pain in the State of Connecticut, to activate individuals to work toward reducing barriers and increasing access to appropriate pain management, and to improve the quality life of those suffering from pain.

- 2) **Supporting materials:** Identify and gather all the current supporting materials on the subject. These will form the foundation on which you are making your request. They need to include statistics that reveal the incidence of the problem with credible references. A good source of information would be your state pain initiative whose contact information can be found at www.aacpi.wisc.edu. Use the attached proclamations that were already successful in Louisiana and Pennsylvania as a template for your state's proclamation. Any work that you can do for the Governor's office in the writing of the proclamation or providing suggested wording will be appreciated and speed the process along. It will also help to ensure that the finished product accurately reflects your purpose.
- 3) **Contacting the Governor's office:** Once these materials are collected and prepared, call the Governor's office to determine which department is responsible for the writing and issuing of State Governor's Proclamations. This department may vary by state, and may be listed as Public Relations, Press Office, Proclamation Office, etc. Determine the name of the contact person in charge of proclamations in that office. Contact information for your Governor's office can be found at www.nga.org.
- 4) **Requesting the proclamation:** Call the contact person and introduce yourself and verify that he/she is in charge of proclamations. Identify yourself and explain your mission and state your goal and purpose. Ask if they'd like you to make an appointment to visit with them and share your materials, or if they would prefer that you send them the materials in the mail for their review. (Use the quickest mailing method that you can afford so that the staff receives the materials soon after the phone call). Always call to ensure they have received the materials and are comfortable with going forward with the request. In some instances, proclamations can be secured over the phone, but if you detect some reluctance from them about issuing a proclamation, a face-to-face meeting to make your case can be very effective.
- 5) **Timing:** Be sure to find out how long they anticipate the process to take. It is suggested to allow a minimum of 2-3 months lead-time. In some instances proclamations can be secured in less time,



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but it is always good to start early. In this instance, Partners for Understanding Pain suggests you secure your September proclamation by the end of May in order to maximize national publicity.

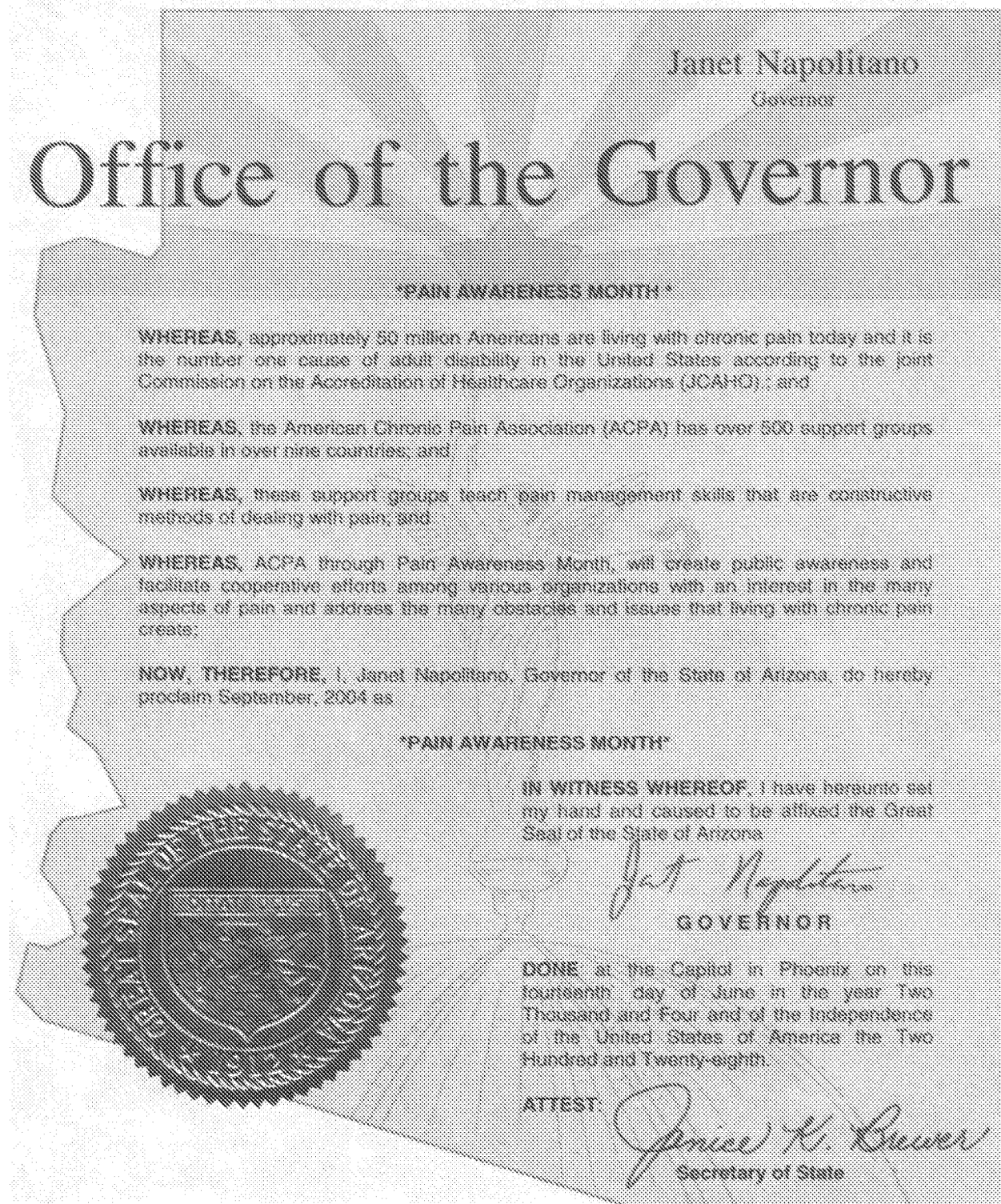
- 6) **Receipt of proclamation:** Request that the office send the finished proclamation directly to you as soon as it is finished. Be sure your contact information is included on all correspondence.
- 7) **Follow up:** It is appreciated when you tell the office how you intend to use the proclamations and then provide them with any pertinent feedback. An example of this relevant to September Pain Awareness Month would include using the recognition from the proclamation to raise awareness about the under-treatment of pain and access and barriers to pain management as a public health issue through media and community outreach. A follow up memo to the Governor's office detailing any events or media coverage will only make your case stronger should you approach them next year.

Attachments:

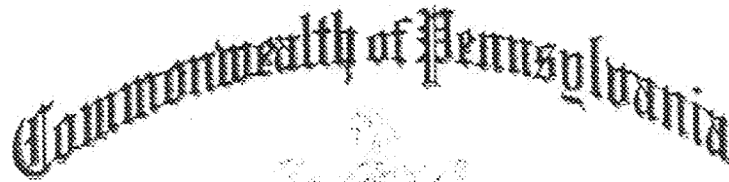
State proclamations
Fact sheet about pain
Decade of Pain Control and Research



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Governor's Office

PROCLAMATION

PAIN AWARENESS MONTH September 2002

WHEREAS, Pain touches every member of our society at sometime throughout their life; and

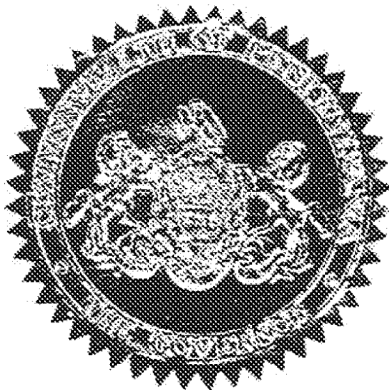
WHEREAS, more than 48 million Americans suffer from chronic pain; and

WHEREAS, recent strides have been made in the research and treatment of chronic pain; and

WHEREAS, increased awareness of and potential cures for chronic pain can lead to much needed relief; and

WHEREAS, untreated chronic pain may potentially rob Pennsylvanians of their quality of life – affecting their physical, psychological, social and spiritual well-being.

THEREFORE, In special recognition of the importance of Pain Awareness, I, Mark S. Schweiker, Governor of the Commonwealth of Pennsylvania, do hereby proclaim September 2002, as PAIN AWARENESS MONTH in Pennsylvania and encourage all citizens to strive to educate themselves and their communities about chronic pain.



GIVEN under my hand and the Seal of the Governor at the City of Harrisburg this twenty-sixth day of August in the year of our Lord two thousand and two and of the Commonwealth the two hundred and twenty-seventh.

Mark S. Schweiker
MARK S. SCHWEIKER
Governor



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Ask Me 3 is a program that addresses the need for increased communication for consumers to understand their health care issues. It is a national effort to improve health literacy.

Good questions for your good health:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

Every time you talk with a doctor, nurse, or pharmacist, use the **Ask Me 3** questions to better understand your health.

Tips for Clear Health Communication

Here are a few tips you can try:

Your doctor, nurse, and pharmacist want you to get the information you need to care for your health. To remind yourself what you need to do and the questions you can ask at your next medical visit:

- ☐ I will ask the 3 questions.
- ☐ I will bring a friend or family member to help me at my doctor visit.
- ☐ I will make a list of my health concerns to tell my doctor.
- ☐ I will bring a list of all my medicines when I visit my doctor.
- ☐ I will ask my pharmacist for help when I have questions about my medicines.



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When to Ask Questions

You can ask questions when:

- ❖ You see your doctor, nurse, or pharmacist.
- ❖ You prepare for a medical test or procedure.
- ❖ You get your medicine.

What If I Ask and Still Don't Understand?

- ❖ Let your doctor, nurse, or pharmacist know if you still don't understand what you need to do.
- ❖ You might say, "This is new to me. Will you please explain that to me one more time?"

The **Ask Me 3** questions are designed to help you take better care of your health.

Who Wants to Answer?

Are you nervous to ask your health provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, doctors have busy schedules. Yet your doctor wants you to know:

- ❖ All you can about your condition.
- ❖ Why this is important for your health
- ❖ Steps to take to keep your condition under control

For more information about the Ask Me 3 visit the web site: www.askme3.org



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**The ICC Caucus announces new action at the
9th Biennial Symposium on Minorities, the
Medically Underserved & Cancer**

The report explores the recent body of research that the burden of evidence demonstrates major disparities in access to quality cancer care at all points in the process—from screening and diagnosis to state-of-the-art cancer therapies and end of life palliative care. To improve this situation requires changing the future, which means moving with urgency to reduce the unequal burden of cancer now faced by the nation's minorities and medically underserved.

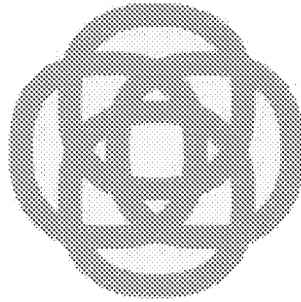
We have included these links as a resource in the hopes that we can, with your help, address the issues of the minorities and medically underserved in all areas of pain management.

http://iccnetwork.org/symposium/ICC_Caucus_Action_Plan.pdf

http://iccnetwork.org/symposium/ICC_Caucus_Press_Release.pdf



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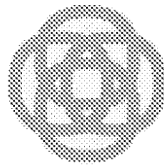


PARTNERS *for*
UNDERSTANDING PAIN

ACTION IDEAS AND TOOLS FOR NURSES



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PARTNERS *for*
UNDERSTANDING PAIN

Partners for Understanding Pain

presents

Nurses CARE

Compassionate Attentive Responsive Educational

Nurses' Pain Awareness Events

September 2007

Nurses are the front line in pain management. No one else on the treatment team has more one-to-one contact with people experiencing pain.

The campaign is part of September Pain Awareness Month activities developed by Partners for Understanding Pain and its partners. Our goal is to educate both health care providers and consumers at all levels of treatment and therapy. In addition, we seek to put pain on the national health care agenda as an issue that needs our immediate attention. Your involvement will ensure that our messages get out to the public.

By sponsoring a Pain Awareness Day within your clinical setting, you can make a difference in the assessment, treatment, and long-term management of pain. The goals of the Nurses' CARE campaign are to:

- Create a focus on pain within a range of clinical settings;
- Engage the "front line" of patient care in a more informed and sensitive response to pain;
- Increase communication between patient and health care providers;
- Provide a catalog of resources to nurses in a wide range of settings for their use in helping patients and the public;
- Generate community awareness through buttons and posters to be displayed in the facility during September.

Suggested events:

- Luncheon conference with expert speaker in pain management
- Lecture series on assessment and treatment of pain throughout the day
- Cafeteria table with petitions in support of the Pain Care Act HR11020, materials, and resource lists for the public
- Health fair of community resources for people with pain
- Seek out opportunities to speak at community clubs and service organizations about the importance of prevention of long-term pain by treating pain at the on-set, awareness of local health care resources and information about pain management.



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- Distribution of buttons to all staff members attached to flyer about pain assessment and management

Pharmacies are also receiving tool kits this year. Explore opportunities to work directly with them to hold an event targeted at the importance of increasing awareness around pain.

For more information about additional activities, contact the American Chronic Pain Association at 800-533-3231 or by email at acpa@pacbell.net.



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Action for Awareness of Chronic, Acute, and Cancer Pain

Developing the Foundation for a Grassroots Community Public Relations Plan

SITUATION

Pain can touch all of us. It is estimated that one in three people experience some type of ongoing, chronic pain. Chronic, cancer and acute pain are often under-treated leading to increased use of health care resources and needless suffering. The impact of pain on our economy, our society, and healthcare is significant.

Yet there is still apathy and a lack of understanding about pain. Now, in the “Decade of Pain Control and Research,” the American Chronic Pain Association (ACPA) is bringing together Partners for Understanding Pain, a consortium of more than 80 organizations to raise awareness about chronic, acute, and cancer pain through grassroots community outreach and a national media relations campaign.

The most important resource of our partnership is each organization’s ability to spread the word about chronic, acute, and cancer pain. To maximize our impact, Partners for Understanding Pain has developed the following document to suggest ways to raise awareness in your local community.

We welcome you to take these suggestions and customize them to align with your own organization’s mission. **Together, we can saturate our local communities to bring pain to the forefront of public health issues.**

COMMUNITY OUTREACH IDEAS

❖ Web site development

Developing a pain awareness education section of your organization’s Web site will spread the word about pain through education. Suggested items for the Web site:

- ❖ Partners for Understanding Pain logo and link on homepage.
- ❖ Fact sheet about the three types of pain.
- ❖ Facts sheets about the Partners for Understanding Pain.
- ❖ Links to Partner organizations and their resources.
- ❖ Facts about how pain touches your organization.
- ❖ Distribute the Quality of Life Pain Scale to increase communication between the health care provider and the patient.
- ❖ Local community resource guide for people who have pain issues.
- ❖ If relevant to your organization, success stories about people who have dealt effectively with pain.

❖ Cultivate community partnerships with local businesses and organizations



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Partnering with local businesses and organizations that may have a health-related mission will provide a key outlet to spread the word about pain management and to continue to build a network of partners. (Check the Partners list to identify any in your community.)

Partnership ideas:

- ❖ Ask organizations to post and distribute materials about pain, resources, and information about the Partners for Understanding Pain program.
- ❖ Co-sponsor a community event, re: walk to raise awareness for the importance of pain management.
- ❖ Set up a booth or pass out information about pain at already established community events.
- ❖ Set up appointments with local legislators to educate them about pain and how it's a major health issue that needs attention.
- ❖ Establish or re-establish connections with local hospitals to hold support meetings for people with pain. Invite hospital doctors or health care professionals to talk about pain management.

Suggested places to promote pain and Partnership message materials:

- ❖ Drug stores
- ❖ Hospitals/doctors office
- ❖ Local chapters of health-related organizations; health fairs
- ❖ Health insurers
- ❖ Fitness centers/health-related stores
- ❖ Churches
- ❖ Libraries
- ❖ Senior centers

❖ **Join with local Partners, such as chapters of the Arthritis Foundation, Lupus Foundation of America, National Consumer League**

Contact local health-related organizations to promote the partnership and identify possible collaboration areas including:

- ❖ Offering a speaker to talk about how pain touches those with heart disease, diabetes and cancer; make the information relevant to their organization.
- ❖ Asking organizations to identify success stories among their members.
- ❖ Asking organizations to display information about the Partners for Understanding Pain's resources and materials at community events and on their Web site.

❖ **Pain ambassadors volunteer program**

- ❖ Local university, school, and church groups often seek volunteer opportunities. Join with them to create a volunteer program for students. Volunteers may visit or help with activities of people with pain who may live alone, creating a support network. They also may work for the awareness campaign directly.

❖ **"Ask the doctor" about pain day**

- ❖ Partner with local drug store, fitness, or health-related stores to sponsor a health care professional to be available to answer questions related to pain management for a day in the store.



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❖ **Create a resource guide for people with pain in your community**

- ❖ Creating a community resource guide for people who have chronic or cancer pain and their families can serve as an outlet to make people aware of the services in their community.

Suggested inclusions for the guide:

- ❖ Local pain doctors
- ❖ Local physical therapy organizations
- ❖ Local health food stores
- ❖ Support groups
- ❖ Local health-related organizations and programs
- ❖ Financial advisors and assistance resources
- ❖ Transportation resources for disabled
- ❖ Home health services
- ❖ Homemaking services
- ❖ Meals on wheels
- ❖ Senior centers
- ❖ Recreational opportunities in the community that provide craft lessons and such

❖ **In-service staff trainings and ongoing pain education at local hospitals**

- ❖ Partner with local hospitals and health care facilities to offer training on the intricacies of chronic and cancer pain to facilitate understanding among other health care professionals.
- ❖ Partner with local hospitals to offer ongoing pain education outreach such as tabletop displays that offer facts about chronic and cancer pain.

If you have any questions, please call our office at 800-533-3231.



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FOR IMMEDIATE RELEASE

CONTACT: YOUR CONTACT
YOUR ORGANIZATION
YOUR PHONE

NURSES CALL ATTENTION TO THE IMPACT OF PAIN

*Nursing Groups of Partners for Understanding Pain Mark
Nurses CARE during
September Pain Awareness Month*

YOUR TOWN, State, September __, 2007— September has been declare Pain Awareness Month by the Partners for Understanding Pain, a consortium of more than 60 professional and consumer organizations that have an interest in pain. As part of this effort, nurses in **(your workplace)** are sponsoring ***Nurses CARE Compassionate Attentive Responsive Educational*** to bring attention to the importance of appropriate pain management in the clinical setting.

Unmanaged pain can slow the rate of recovery for surgical patients and affect the quality of outcomes. Cancer patients who experience breakthrough pain are hospitalized and visit the emergency room more often than patients whose pain is under control. Costs associated with prolonged chronic pain total approximately \$100 billion a year. And nurses often find themselves on the front lines of the fight against pain. Through the grass roots ***Nurses CARE Compassionate Attentive Responsive Educational*** campaign nurses hope to increase awareness and understanding among health care facilities' staff, patients, and the public about the complex issues of assessing and treating pain.

Add quote from your organization spokesperson here.

The campaign is part of September Pain Awareness Month activities developed by Partners for Understanding Pain and its members the American Academy of Nurse Practitioners, the American Association of Rehabilitations Nurses, American Nurses Association, American Society of Pain Management Nurses, and the American Society of Perianesthesia Nurses.

"Pain can touch any of us," noted Penney Cowan, Executive director of the American Chronic Pain Association and convener of Partners for Understanding Pain. "It is the number one cause of adult disability in the United States, affecting one in three Americans, yet there is still apathy and a lack of understanding about pain." Now, in the Decade of Pain Control and Research, Partners for Understanding Pain is dedicated to raising awareness about chronic, acute, and cancer pain through community outreach and a national media campaign. Partners' goals also include building a more comprehensive network of knowledge and better utilizing existing resources about pain management among its members.

For more information about other activities of Partners for Understanding Pain, contact the American Chronic Pain Association at 800-533-3231 or by email at acpa@pacbell.net.

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DRAFT SCRIPT

ANNOUNCER:

NURSES AT (FACILITY NAME) ARE WORKING TO BRING ATTENTION TO THE NEED FOR BETTER PAIN ASSESSMENT AND TREATMENT. THEIR EFFORTS ARE PART OF ACTIVITIES PLANNED BY PARTNERS FOR UNDERSTANDING PAIN, A CONSORTIUM OF MORE THAN 70 PROFESSIONAL AND CONSUMER ORGANIZATIONS THAT HAVE AN INTEREST IN PAIN AND ITS EFFECTS, FOR SEPTEMBER'S PAIN AWARENESS MONTH ACTIVITIES.

UNMANAGED PAIN CAN SLOW THE RATE OF RECOVERY FROM SURGERY. CANCER PATIENTS WITH UNMANAGED PAIN ARE HOSPITALIZED AND VISIT THE EMERGENCY ROOM MORE OFTEN THAN PATIENTS WHOSE PAIN IS UNDER CONTROL. AND COSTS ASSOCIATED WITH PROLONGED CHRONIC PAIN TOTAL APPROXIMATELY \$100 BILLION A YEAR. NURSES OFTEN FIND THEMSELVES ON THE FRONT LINES OF THE FIGHT AGAINST PAIN.

SOUNDBITE:

“PAIN IS A SERIOUS PUBLIC HEALTH AND ECONOMIC ISSUE THAT AFFECTS US ALL. BUT THERE IS A LACK OF UNDERSTANDING AMONG HEALTH CARE PROVIDERS AND CONSUMERS ALIKE. THE NURSING STAFF AT (YOUR FACILITY) IS CONDUCTING A PAIN AWARENESS DAY ON (DATE) TO FOCUS ON THE IMPORTANCE OF THE TREATMENT AND ASSESSMENT OF PAIN.”

ANNOUNCER:

TO LEARN MORE ABOUT PAIN AWARENESS DAY, CONTACT (YOUR NAME) AT (PHONE NUMBER) AND, FOR RESOURCES AND INFORMATION ABOUT PAIN, VISIT W-W-W-DOT-T-H-E-A-C-P-A-DOT-ORG. I'M _____ REPORTING.



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ACPA Medications & Chronic Pain Supplement 2006

The 2007 Medication Supplement can be found at:
<http://www.theacpa.org/documents/ACPA%20Meds%202007%20Final.pdf>

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Rocklin, CA 95677
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www.theacpa.org**

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Medications & Chronic Pain

Reviewed & updated yearly by Steven D. Feinberg, M.D. (Originally Written by Edward C. Covington, M.D.) with special thanks to April Fong, Pharm.D.

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INTRODUCTION

For over a quarter century, the American Chronic Pain Association, a non-profit, tax exempt organization, has offered a support system for people with chronic pain through education in pain management skills and self-help group activities. To learn more about the ACPA and how to become a member, please visit our web site at www.theacpa.org, or call the National Office at 800-533-3231.



The ACPA Medications & Chronic Pain 2007 Supplement is updated yearly and includes web links for certain medications and relevant Internet sites of interest. Generic names are primarily listed with brand names in parentheses.

This supplement is not meant to serve as medical advice for your condition or regarding your medication needs. Remember that the best source of information about your health and medication needs is from an open dialogue with your treating doctor.

Prescription medications are lawfully available only from a health care professional licensed to prescribe them. Do not use them unless prescribed for you by such an individual.

This ACPA Medications & Chronic Pain Supplement only deals with medications and does not mention the many other important treatment approaches to chronic pain. In fact, medications alone are rarely satisfactory absent the additional use of other approaches to treat the person with chronic pain. These other approaches include physical and occupational therapy, behavioral-psychological treatments, and a host of other modalities, devices, and interventional techniques including surgery. In fact, rehabilitation through cognitive, behavioral, and physical reactivation treatments often lessens the need for medications and other more invasive procedures.



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The ACPA believes that people with chronic pain benefit from being well informed about their medications. This knowledge may relieve the fears that can interfere with receiving maximum benefits from medications. Information can also prevent unrealistic expectations that can lead to disappointment. People with pain should ask questions about the benefits and side effects when they are concerned about particular medications.

The ACPA Medications & Chronic Pain Supplement is a work in progress. Your comments and contributions are welcome by way of E-mail to acpa@pacbell.net.

In this document, the medical term "opioid" is used rather than the negatively perceived term "narcotic."

Many pain specialists recommend that the term "Chronic Pain" is better described as "Persistent Pain" – a condition which can be continuous or recurrent and of sufficient duration and intensity to adversely affect a patient's well being, level of function, and quality of life.

MEDICATIONS AND CHRONIC PAIN

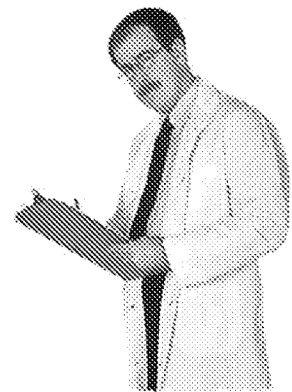
The use of analgesics (pain relievers) and other medications is the most common method of chronic pain treatment. Pain medications can be a blessing for some patients in chronic pain, but they are not universally effective.

Short-term use of medications for pain is rarely worrisome, but prolonged use increases the possibility of adverse reactions including gastrointestinal distress, internal organ problems, balance troubles, and memory and concentration problems.

It should also be realized that each person responds differently than the next person to the same dose of medication.

Therefore, each person with chronic pain should be medically managed individually, and medication use should be determined by benefit, cost, potential side effects, and the person's other medical problems.

Partial rather than full relief of pain, sleep loss, or other symptoms is often a more realistic goal with using medications.



HOW MEDICATIONS CAN HELP & HARM

Many people with chronic pain are able to manage adequately without medications and can function at a near-normal level. Others find that their overall quality of life, in terms of comfort and function, is improved with medications.



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While medications can help relieve and cure symptoms, they also can cause unpleasant side effects that at a minimum can be bothersome and at their worst, can cause significant problems. These side effects can often be avoided in most cases or at least managed with the help of your physician.



All medications, including those prescribed, those available over-the-counter, and nutritional and herbal supplements, can have side effects and should be used appropriately. Even the most potent medications used for pain do not always completely eliminate pain but rather may reduce the severity of pain. As such, medications may not be adequate treatments themselves but should be considered as part of a comprehensive approach to pain management and functional improvements.

It is critically important for you to tell your doctor about everything you are taking, even when you may not think of it as a “medication.” This can include various supplements and vitamins you purchase without a prescription, items you grow from your garden or buy in a store and other “substances” such as caffeine, tobacco and even marijuana and illicit drugs.

It is strongly advised that you take all of your current medication bottles with you to any doctor appointments. Some drugs may cause serious side effects if they are combined with other medications. Even over-the-counter and herbal medications have the potential to have serious interactions with your prescription medications and each other.

ADVICE FROM THE ACPA

The best advice the ACPA can offer is for you to discuss all medication questions with your physician! A physician who specializes in Pain Medicine may be best informed about the use of different medications for various chronic pain problems.

If you are a person with chronic pain, you may be on medications, and you should know why you are taking them. Medications can be confusing, especially if you take them for more than one condition. You should know what medications you are on, how much and how often you need to take them, and whether to take the medication before, between, with or after meals. The dose you need depends on your medical condition, body size, age, and any other medications you take. Because of the possibility of interactions between drugs, some medications should not be generally taken together or should be taken at different times during the day to avoid unwanted reactions.

The label may show a brand name or the generic name. It is often less expensive to buy your prescription by its generic name than by the brand name. Although the color or shape of the pill may be different, there is no difference in quality between generic and brand name drugs. You can ask your doctor to prescribe generic drugs if they are available. Follow the dose and directions written on the prescription label. Do not change your dose without consulting your health care provider, and never use medication prescribed for someone else.

Warning from the ACPA about purchasing medicines over the Internet.

Sites may purport to be legitimate or in a country with drug laws comparable to the US (e.g., Canada), but may (a) not be located in that country; (b) may be located in that country, but dispense



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prescriptions from another country that has no comparable law; (c) not handle and store medicines in a manner that maintains potency and shelf life; or (d) may purchase medicines from dubious sources, including knowingly or unknowingly selling counterfeit medicines that may contain amounts of the expected pharmaceutical ingredients that vary from those stated, may contain other unnamed pharmaceutical ingredients, may contain no active pharmaceutical ingredients or may contain toxic chemicals or microbial contaminants.

MEDICATION PICTURES



It is always very important to be able to visually identify the medications you are taking. Pictures can be found at <http://www.healthsquare.com/drugmain.htm>. Type in the name of your medication, then click on the link for that medication. You may find a picture of the pill by shape, size, color, and dose at the bottom of the page. Note that not all links contain pictures.

Another useful site to identify pills is at <http://www.drugs.com/> where you can click on Pill Identification, then click on "I Agree" at the bottom of the page. You then can find pills by drug form, shape, text imprint or drug name. If you know the drug name, you can click directly on Image Search and click on "I Agree" at the bottom of the page.

PAIN IN OLDER PERSONS

Persistent or chronic pain is prevalent in older adults. The issue has been addressed in the American Geriatric Society (www.americangeriatrics.org) Clinical Practice Guideline: The Management of Persistent Pain in Older Persons at <http://www.americangeriatrics.org/products/positionpapers/JGS5071.pdf>.

Some older individuals may be more sensitive to medications, more likely to experience side effects, and more likely to be using multiple drugs with the associated risk of interactions between the drugs. In older persons, the dose is often started low and adjusted slowly to optimize pain relief while monitoring and managing side effects. The use of multiple drugs can be seen as potentially advantageous. Combining smaller doses of more than one medication may minimize the dose-limiting adverse effects of a particular drug.



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OFF-LABEL MEDICATION USE

Prescription medications are often used for conditions not listed on their labels. This is called “off-label” use of the medication. It is legal for your physician to use a medication “off-label,” but your insurer, health plan or pharmacist may question its use as recommended by your doctor.

Most drugs have many effects, some desirable and others undesirable. Because of this, a drug may be used for a variety of unrelated conditions. For example, aspirin is used to reduce inflammation and pain in arthritis but is also used as a blood thinner to prevent heart attacks. Thus, it may be confusing to think of aspirin as an “arthritis” or “pain” medicine alone.



Similarly, many of the medicines used in chronic pain were originally designed and marketed for unrelated conditions, such as seizures. The fact that a physician recommends such a drug does not mean that the doctor thinks you have epilepsy. The same is true with antidepressants; the fact that they are prescribed for chronic pain does not indicate that the physician has made a diagnosis of depression.

The Food and Drug Administration (www.fda.gov) allows drugs to be sold and advertised only for specific conditions in which they have been proven to be safe and effective. Once on the market, they can be used “off-label” for any condition in which there is evidence of effectiveness without the drug company proving to the FDA that the drug can treat the new “off-label” condition. The process of getting approval for another use of the medication can cost millions, so a company might not fund research studies to prove all the uses for a drug. This is especially true if it is no longer protected by a patent, and other companies can sell it.

Off-label prescribing is legal, and it is an accepted medical practice to use drugs in this way. However, a drug cannot be *advertised* for any condition unless the manufacturer goes to the expense of proving to the FDA that it is safe and effective for that condition. This is important because many of the drugs used for chronic pain have not been approved by the FDA for pain even though they may be useful for it.

It can be very frustrating if you are having trouble getting your prescription authorized by the insurer if it is being prescribed for off-label use. Try not to lose your temper or get angry as this only increases chronic pain problems. Ask your doctor to explain to the authorizing party that the medication is being prescribed off-label and for what reason.



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PAIN TYPES & CHRONIC PAIN CLASSIFICATION

Acute pain is distinguished as being of recent onset, transient, and usually from an identifiable cause.

Chronic pain can be described as persistent or recurrent pain, lasting beyond the usual course of acute illness or injury or more than 3 to 6 months, and which adversely affects the individual's well-being. A simpler definition for chronic pain is pain that continues when it should not. It is usually treated with medicine that you take at specific times every day (rather than as needed) so that you get pain relief throughout the day.

Breakthrough of Flare-up pain can be described as transient pain beyond the normal pain baseline which is severe or excruciating. Breakthrough or flare-up pain consists of unpredictable pain flares that "break through" the medicine taken around-the-clock to treat persistent pain. Breakthrough or flare-up pain may be caused by changes in an underlying disease, including treatment, or involuntary or voluntary physical actions - such as coughing or getting up from a chair. Breakthrough or flare-up pain may also occur at the end of the scheduled pain medicine dose. Treatment for moderate-to-severe breakthrough pain is a strong, short-acting pain medicine, such as an opioid, that works quickly and lasts about as long as a Breakthrough or flare-up pain episode. Some pain physicians feel that if you are taking pain medication for Breakthrough or flare-up pain regularly that your regular long-acting pain medicine may not be effective and alternative pain management strategies may be needed.

Chronic pain is classified by pathophysiology (the functional changes associated with or resulting from disease or injury) as nociceptive (due to ongoing tissue injury) or neuropathic (resulting from damage to the brain, spinal cord, or peripheral nerves), with mixed or undetermined causes as well. Pain relievers or analgesics are generally effective for nociceptive pain but less effective for neuropathic pain.



OVER-THE-COUNTER (OTC) PAIN RELIEVERS

OTC drugs are those drugs that are available to consumers without a prescription. A trip to the local drug store reveals numerous tablets, suppositories, patches, sprays, creams and ointments, all with claims of providing pain relief.

The traditional OTC pain group currently includes aspirin (Bayer[®]), acetaminophen (Tylenol[®]), naproxen sodium (Aleve[®]), ketoprofen (Orudis[®] KT), ibuprofen (Advil[®], Motrin[®]), and various combinations.

Most OTC drugs are based on one of these FDA-approved ingredients. Many manufacturers add other ingredients in an effort to tailor the medication to particular symptoms. For example, a pain reliever and an antihistamine may be combined and sold as a nighttime pain and cold medication since the antihistamine induces drowsiness. Adding a decongestant makes a medication marketable for sinus problems.



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When using OTC drugs, be aware that the brand name is often specific to the manufacturer and may not indicate the product's active ingredients. Look for active ingredients, usually listed by generic name, on the label. For example, this will tell you that Tylenol[®] PM not only contains acetaminophen but also contains diphenhydramine hydrochloride (Benadryl[®]).

Some OTC medications are labeled extra strength. This usually indicates that it contains more amounts (e.g., milligrams) of drug per dosage unit than the standard product by the same manufacturer.

The key to the effective use of OTC medications is in understanding what you are taking and how much of it. You need to read the medication's ingredients to know what you are taking. Be sure that the medication you select contains an appropriate amount of the drug you need for your symptoms and does not include medications or ingredients that you do not need.



To do this, **you must read the label**. You also should discuss with your doctor any OTC medications you use or are considering using, especially if you also take a prescription medication. The pharmacist can be very helpful as well.

THE SAFETY OF OTC MEDICATIONS

Used occasionally, these medications rarely cause significant health problems. In certain situations, however, they can be dangerous.

Acetaminophen (the ingredient in Tylenol[®] and a number of other OTC pain and cold remedies), can be toxic to the liver, especially with alcohol (increased) use or those with liver problems, even at fairly low doses. The maximum recommended dose for acetaminophen is 4 grams or 8 extra-strength (500mg) tablets in 24 hours. Those who consume little alcohol can usually safely use as much as recommended on the package; however, the maximum recommended dose for heavy drinkers is 2 grams or 4 extra-strength tablets in 24 hours. If you already have liver disease, acetaminophen should only be consumed under your doctor's supervision.

The nonsteroidal anti-inflammatory drugs or NSAIDs (aspirin, ibuprofen, and others) cause an increase in stomach acid at the same time that they reduce the stomach's protective mucous layer. Thus, they are associated with gastric bleeding, and such risk increases with dose and duration of use. They may cause kidney failure in people with damaged kidneys, liver disease, and certain other conditions. Use with diuretics can increase this danger.

Over-the-counter pain medications can be useful and effective. But even though they are considered safe enough to be dispensed without a prescription, they are real medicines. It is important to discuss their use with a physician, especially if they are being combined with prescription medications.

Individuals taking medications for any of these conditions should check with their doctor before taking any NSAID medication.



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PREScription MEDICATIONS USED FOR CHRONIC PAIN

In addition to typical analgesics, there is a wide variety of non-traditional drugs, called adjuvant analgesics, used for pain management. Adjuvant (a pharmacological agent added to a drug to increase or aid its effect) analgesics represent a diverse group of drug classes that have other indications but are pain relieving in specific circumstances. They should be used when specific indications exist.

Prescription medications are lawfully available only from a licensed professional. Do not use them unless prescribed for you by such a professional.

NON-OPIOID ANALGESIC PAIN RELIEVERS



Nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen are the most widely used medications for most pain conditions. But these drugs are not without risk. NSAIDs can cause gastric distress with ulceration and bleeding while acetaminophen can cause liver toxicity. Fortunately, they do not produce physical or psychological dependence.

Aspirin and acetaminophen are available over-the-counter while most NSAIDs are available both by prescription and by non-prescription over-the-counter purchase.

The NSAIDs are indicated for pain that involves inflammation; acetaminophen does not have anti-inflammatory activity.

Some of these medications are more effective than others in some individuals, suggesting that it makes sense to try several different ones to see which one works best for you.

The cyclooxygenase (COX)-2 inhibitors are NSAIDs that have less gastrointestinal side effects with short term use. Currently available is celecoxib (Celebrex[®]); however, serious stomach ulceration can still occur without warning with this drug. As with other NSAIDs, patients should be monitored during long-term use. There is no evidence that meloxicam (Mobic[®]) or other somewhat COX-2 selective NSAIDs are gastroprotective. These medications additionally have potential kidney effects and heart (cardiovascular) complications, especially when taken for prolonged periods.

The COX-2 inhibitor celecoxib (Celebrex[®]) is more expensive than other NSAIDs and does not provide any better pain relief, but it does seem to be less risky for developing an ulcer when taken for less than 6 months. The COX-2 inhibitors rofecoxib (Vioxx[®]) and valdecoxib (Bextra[®]) were recently withdrawn from the market.

Flavocoxid (Limbrel[™]) is a new prescription only product indicated for the clinical dietary management of osteoarthritis, including associated inflammation. It may also possess general analgesic and antioxidant properties. Concomitant use with NSAIDs may increase the risk of stomach irritation.



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GI PROTECTIVE MEDICATIONS

Proton Pump Inhibitors (PPIs) such as omeprazole (Prilosec[®]) taken in addition to an NSAID can prevent associated ulcers but may not prevent long term serious gastrointestinal problems. Data on misoprostol (Cytotec[®]) are stronger for a gastroprotective effect. Addition of high doses of H₂-receptor antagonists such as ranitidine (Zantac[®]) may reduce NSAID related gastrointestinal distress, but there is no research data to show that it prevents drug induced ulcers. For many individuals, acetaminophen (Tylenol[®]) may offer pain relief without gastrointestinal toxicity.

NON-OPIOID ANALGESIC DRUGS AND THEIR USES

This chart summarizes the uses and cautions that apply to many of the non-opioid analgesic medications now on the market.

| Medications and Their Common Brand Names* | May Be Useful for | Pros | Cons | Comments |
|---|--|--|--|---|
| Aspirin Bayer [®] Bufferin [®] | Headache, muscle ache, fever, menstrual cramps, arthritis pain and inflammation. May reduce the risk of heart attack and stroke. | Anti-inflammatory; inexpensive. | May irritate stomach. Inhibits platelets and can cause prolonged bleeding. Can precipitate asthma in aspirin-sensitive patients. | May cause Reye's syndrome in children and teenagers and should not be used during viral syndromes; may be harmful for women in late pregnancy, people with kidney or liver disease, asthma, high blood pressure, or bleeding disorders. |
| Salicylate Salts Salicylate Trisalicylate | | Fewer gastrointestinal side effects. | May still irritate stomach. | Do not affect bleeding time or platelet aggregation. |
| Acetaminophen FeverALL [®] Tylenol [®] | Headache, muscle ache, backache, fever, and arthritis pain (especially osteoarthritis). | More gentle to the stomach; safer for children. Does not promote bleeding (or protect against heart attack, stroke). | Does not reduce inflammation; less effective than aspirin for soft tissue pain. | May be harmful for people with kidney or liver disease or those who drink alcohol heavily. |



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|--|--|---|--|---|
| Ibuprofen Advil [®] Motrin [®] | Headache, muscle ache, fever, sprains, menstrual cramps, backache, and arthritis pain. | Stronger and generally longer lasting than aspirin. | May irritate stomach. | May be harmful for people with kidney or liver disease, asthma, bleeding disorders, or those who drink alcohol heavily. |
| Ketoprofen Orudis [®] KT (OTC) Oruvail [®] | Headache, muscle ache, fever, menstrual cramps, cold or flu aches. | Helps reduce inflammation. More gentle to the stomach than aspirin. | Less gentle to the stomach than naproxen sodium, ibuprofen, acetaminophen. | May be harmful for people with kidney or liver disease or those who drink alcohol heavily. Not recommended for children without doctor's supervision. |
| Naproxen Sodium Aleve [®] (OTC) Anaprox [®] Naprelan [®] Naprosyn [®] | Headache, muscle ache, fever, menstrual cramps, backache, arthritis pain and inflammation. | Stronger and generally longer lasting than aspirin for menstrual cramps, toothache, and inflammation; more gentle to the stomach. | May irritate stomach; tends to be higher in cost. | Not recommended for children without doctor's supervision. |
| Meloxicam Mobic [®] | Arthritis pain | Associated with less risk of ulcers than other NSAIDs. | Still a risk for stomach irritation. Tends to cost more. | Generally well-tolerated but still need to be concerned about gastrointestinal side effects. This agent is available by prescription only. |
| COX-2 Inhibitors Celebrex [®] | Muscle aches, joint pain, arthritis, pain and inflammation. | Helps reduce inflammation; less stomach irritation. | Still a risk for stomach irritation. Tends to cost more. | Generally well-tolerated but still need to be concerned about gastrointestinal side effects. These agents are available by prescription only. Use caution with sulfa allergies and celecoxib. |

Other NSAIDs include the following:

- Diclofenac (Cataflam[®], Voltaren[®], others)
- Diflunisal (Dolobid[®])



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- Etodolac (Lodine[®], Lodine[®] XL)
- Fenoprofen (Nalfon[®])
- Flurbiprofen (Ansaid[®])
- Indomethacin (Indocin[®], Indocin[®] SR)
- Ketorolac (Toradol[®], others) – only U.S. NSAID in injectable formulation
- Mefenamic acid (Ponstel[®])
- Nabumetone (Relafen[®])
- Oxaprozin (Daypro[®])
- Piroxicam (Feldene[®])
- Sulindac (Clinoril[®])
- Tolmetin (Tolectin[®])

* Brand names are the trademarked property of the medications' manufacturers.

OPIOID ANALGESICS

Opioids are morphine-like substances and have been available for centuries to relieve pain. The term opioid is derived from opium, which is an extract from the poppy plant. There are both naturally occurring and synthetic opioids. There are a number of opioid receptors in the body that mediate analgesia. In 1975, it was discovered that the body generates internal or endogenous opioids called endorphins, enkephalins, and dynorphins.

There are numerous opioids available by prescription. The potency, speed of onset, and duration are unique to each drug. All of the opioids have similar clinical effects that vary in degree from one drug to another.

Opioids are formulated as both short- and long-acting. Some opioids are used around-the-clock, while others are used as needed for breakthrough pain.

Most opioids are agonists, a drug that binds to a receptor of a cell and triggers a response by the cell. An agonist produces an action. It is the opposite of an antagonist which acts against and blocks an action.



There are a number of opioid analgesics that are partial agonists and mixed agonists/antagonists that can simultaneously produce analgesia and precipitate withdrawal. These agents include buprenorphine (Buprenex[®], Subutex[®]), butorphanol (Stadol[®]), nalbuphine (Nubain[®]), and pentazocine (Talwin[®]). They can be used for pain before surgery, pain during labor and delivery, migraine headache pain, and various other types of moderate to severe pain. Some are also used for the treatment of opioid dependence.

Given their agonist/antagonist nature, these medications should be used with caution in those taking other types of opioids. A partial agonist/antagonist is occasionally initiated in a person already taking another opioid. The doses should be adjusted gradually to avoid symptoms of withdrawal. If possible, these two types of agents should not be used together. Symptoms of withdrawal to monitor for include sweating, goose flesh, runny nose, abdominal cramping, diarrhea, nervousness, agitation,



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hallucinations, and a fast heart beat. Tell your doctor or pharmacist if you have these or other side effects.



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These are examples of medical opioids:

| | |
|--|---|
| Hydrocodone (with acetaminophen - Lortab [®] , Norco [®] , Vicodin [®] , Zydane [®] ; with ibuprofen - Vicoprofen [®]) | Oxycodone (OxyContin [®] , OxyIR [®] , Roxicodone [™] ; with acetaminophen - Endocet [®] , Percocet [®] , Roxicet [™] , Tylox [®] ; with aspirin - Percodan [®] , with ibuprofen - Combunox) |
| Codeine (with acetaminophen - Tylenol [®] with codeine No. 2, No. 3, No. 4) | Levorphanol (Levo-Dromoran [®]) |
| Dihydrocodeine bitartrate, Aspirin, Caffeine (Synalgos-DC [®]) | |
| Hydromorphone (Dilaudid [®]) | Methadone (Dolophine [®]) |
| Morphine (Avinza [™] , Duramorph [®] , Kadian [®] , MS Contin [®] , MSIR [®] , Oramorph SR [®] , Roxanol [™]) | Fentanyl (Actiq [®] lozenge, Duragesic [®] patch) – FDA warning below |
| Meperidine (Demerol [®]) | Butorphanol (Stadol [®]) |
| Pentazocine (Talwin [®]) | Oxymorphone (Numorphan [®]) |
| Buprenorphine (Buprenex [®] , Subutex [®]) | Buprenorphine and Naloxone (Suboxone [®]) |

There has been ongoing debate within the medical community about the role of opioid medication in treating chronic pain. Years ago, most believed that chronic opioid therapy was harmful. Today, that thinking has been challenged.

There is a growing belief that acute pain, such as that following surgery or injury, is often inadequately treated due to fear that opioids will cause addiction. This fear has clearly been shown to be



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exaggerated. It is extremely rare for a person to become addicted to drugs given for acute pain, unless there was pre-existing addiction or abuse. It is probable that good postoperative analgesia (pain treatment) promotes healing and greatly reduces fear and stress. However, for those who suffer with chronic pain, the situation is less clear-cut.

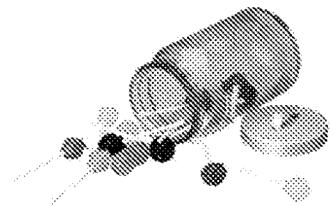
OPIOID SIDE EFFECTS

Common opioid side effects, particularly with higher doses, include nausea, vomiting, constipation, thought and memory impairment, and drowsiness. The majority of these side effects are easily treated with dose adjustments, wane over time or can be offset by other alternate medications.

Psychostimulants (see below) can be useful in selected patients to treat mild sedation. Constipation should be anticipated with a preventative bowel regimen including diet changes, stimulant laxatives and stool softeners. Mild sedation and impaired judgment or coordination also should be anticipated. Until tolerance or a baseline is reached, the patient and family need to be cautioned against driving and the potential for falls. Mild nausea can be treated with medications, but if it does not resolve within a few days, a trial of an alternate opioid may be appropriate. Sex hormone deficiency can result by opioid medications.

More serious side effects can include respiratory depression (slowed rate of breathing or loss of urge to breathe) and addiction.

In July 2005 The FDA issued a public health advisory to alert people of reports of death and other serious side effects from overdoses of fentanyl with fentanyl transdermal patches. Deaths and overdoses have occurred in patients using both the brand name Duragesic® and the generic product. Some patients and health care providers may not be fully aware of the dangers of this drug. • The directions for using the fentanyl skin patch must be followed exactly to prevent death or other serious side effects from overdose.



In July 2005, the manufacturer agreed to stop sales and marketing of Palladone® (hydromorphone hydrochloride, extended release capsules) because of the potential for severe side effects if Palladone® is taken with alcohol. Drinking alcohol while taking Palladone® may cause rapid release of hydromorphone, leading to elevated drug levels, respiratory depression, coma, or death.

THE OPIOID DILEMMA

Given the special difficulties in predicting whether opioids will be helpful to a given person, it is likely that most with moderate to severe, intractable pain will at some point try them. For those with chronic pain, the long-term use of opioids poses many questions. How much is too much? Is addiction possible? Will the medication stop working some day? What will I do when the pills are no longer helpful? These are important questions with answers that are difficult to obtain.

There are several schools of thought about long-term use of opioid pain medication. While some health care professionals argue that it is the right of the patient to have adequate pain relief, even if that requires large amounts of opioids for a long period of time, others believe that there is no real benefit from chronic use of opioids. The major objections to this treatment have been concerns about tolerance, loss of efficacy, side effects, functional impairment, and addiction.



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TOLERANCE, FUNCTIONAL IMPAIRMENT, ADDICTION, WITHDRAWAL & PSEUDOADDICTION

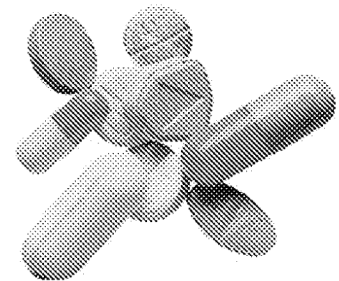
Tolerance is a phenomenon in which the one or more effects of a drug become less with repeated use at the same dose (many patients call this becoming “immune” to the drug). For example, a person might feel drugged after the first pain pill but, after years of use, might require several pills to feel anything. With analgesics, the concern is that the individual will build up tolerance to the drug and therefore require more medication to achieve results. Unfortunately, in many cases, increasing doses of medications may lead to increased or unacceptable side effects. Analgesic tolerance is not addiction.

Although all of the questions are not yet answered, it is known that tolerance does not develop at the same rate to all a drug’s effects. With opiates, for example, one rapidly becomes tolerant to the sedating effects of the drugs. It has been shown that cancer patients who are taking large but stable doses of morphine show little or no sedation. They do, however, continue to experience constipation, as patients will not develop tolerance to this side effect.

The real question, of course, is the extent to which tolerance develops to the *analgesic* effects of the drugs; that is, how soon do they lose their ability to reduce pain? This is unclear, and the answer seems different in different people and with different types of pain. Some people seem to benefit from the same dose of an opioid for years, while others rapidly increase the dose and still have unsatisfactory relief.

Functional impairment and physical inactivity are additional concerns that make physicians reluctant to provide chronic opioids. It is well known that a sedentary life decreases blood flow, impedes healing, decreases muscle tone, and contributes to depression, bone loss, and fatigue. Clearly, some people become inactive and passive on opioids, while others become more active. It may be that some are able to obtain good analgesia without taking enough to produce intoxication, while others are not able to do so.

Addiction seems to be the primary fear that limits opioid prescribing. This is a term that requires clarification. Addiction is the traditional term used to identify the irresistible craving for, loss of control over use of, compulsive use of and continued use despite harm of certain types of drugs. Drugs capable of producing addiction do so by interacting with the biochemistry of the brain in such a way that the drug begins to seem essential – one feels a “need” for it as one does for food and water. While the media give the impression that the risk of addiction is inherent to the properties of opioids, experts in addiction generally recognize that it results from the interaction of the drug and various hereditary, psychological, and situational factors unique to the individual.



It was previously thought that addiction was demonstrated by the presence of tolerance and **withdrawal** (developing signs of illness/discomfort when the substance is unavailable). It is now thought that, while these two factors may be important signs of addiction to *recreational* drugs (alcohol, cocaine), they do not indicate addiction to *medical* drugs. This is because many people who have taken opioids or tranquilizers for more than a few doses will show some tolerance with use and withdrawal on abrupt drug cessation. In addition, numerous drugs can produce tolerance and withdrawal, yet do not produce addiction (e.g., epilepsy medications, some blood pressure drugs). Symptoms of withdrawal to monitor for include sweating, goose flesh, runny nose, abdominal



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cramping, diarrhea, nervousness, agitation, hallucinations, and a fast heart beat. Tell your doctor or pharmacist if you have these or other side effects.

Addiction should be distinguished from **physical dependence**. *Any person (or animal) that takes sufficient doses of certain types of drugs for a significant length of time can have withdrawal symptoms if the drug is suddenly stopped or reversed by another medicine. This shows the presence of physical dependence but does not constitute addiction.*

The risk of addiction is not well defined in chronic use. When it occurs, the drug is a liability rather than an asset to the person. There are four core elements in true addiction (the four C's):



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- ❑ Compulsive use and preoccupation with the drug and its supply,
- ❑ Inability to consistently Control the quantity used,
- ❑ Craving the psychic effects of the drug, and
- ❑ Continued use despite adverse effects from the drug.

Compulsive use or preoccupation may be demonstrated by taking the drug because it is available (as opposed to taking it exactly as a health care professional has instructed), inappropriate “stocking up,” having several physicians/pharmacists to guarantee a supply, and spending scarce resources on the drug.

Other examples of inappropriate use include selling the drug or changing the drug from pill to powder for injection or snorting.

Loss of control is demonstrated by the person who regrets his drunkenness and “pledges” to stop after two beers the next time; instead, he has six beers and behaves regrettably again. With pain medication, loss of control tends to take the form of using up a month’s supply in a week, so that the person must go without the medication for a long time.

Examples of use despite adverse consequences may consist of smoking despite emphysema, drinking despite convictions for driving under the influence, or using analgesics and tranquilizers despite their having an adverse effect on ability to function, mood, and family relationships.

Craving, in this sense, does not mean taking a medicine as directed to relieve pain, but rather, an intense desire for a mental effect (“buzz”, “high”, or “trip”) caused by a medicine.

Pseudoaddiction describes a syndrome of poorly or under-treated pain. Patients develop feelings of anger and isolation which lead to acting-out behavior. Inadequate pain management often leads to pseudoaddiction and commonly involves an ineffective medication or inadequate medication prescribing either by excessive intervals between allowed doses or inadequate doses. Pseudoaddiction may come about because the physician may be inadequately educated about pain management or have an excessive fear of causing addiction.

The American Pain Society (www.am painsoc.org) and the American Academy of Pain Medicine (www.painmed.org) have issued a joint consensus statement supporting the cautious use of chronic opioid analgesics for some patients (<http://www.painmed.org/productpub/statements/pdfs/opioids.pdf>). Cautious use requires careful examination, discussion of risks and benefits with patients, thorough documentation, and sufficiently careful follow-up for the physician to be able to determine whether the drugs are actually improving the person’s overall status.

Taking opioids may or may not be in one’s best interest. The literature does not provide simple, clear guidelines for those who must face day to day pain. Research shows that chronic use of large quantities of opioids may interfere with the body’s natural pain relievers, the endorphins. Since physical activity is thought to promote release of endorphins, it is also possible that opioids could inhibit the body’s own mechanism of reducing pain by causing a person to be less active.

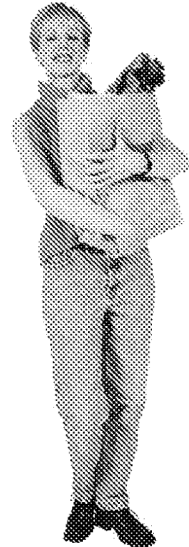
OPIOIDS AND THE GOALS OF PAIN MANAGEMENT

There has been disagreement as to whether the goal of pain management should be to reduce pain or to improve the way people function in their daily lives. The consensus of the members of the American Pain Society is that the primary goal in treating chronic pain patients with opioids is to **increase the level of function** rather than just to provide symptom relief.

It may be that this argument is not meaningful. When people are truly comfortable, they usually resume activities that they had previously avoided. If a person with pain fails to do this, it suggests that symptom relief has not occurred, even though the person may believe that the medications “take the edge off.” Clearly, maximizing quality of life entails both factors: minimizing suffering and maximizing function.

Pain management is essentially rehabilitation. The person experiencing pain and the family must ask to what end they want to be rehabilitated. What does rehabilitation mean to each of them? Webster defines rehabilitation as “*to restore to useful life through education and therapy.*” If a person’s goal is solely to reduce pain, then he or she may overlook the more important (and attainable) goal of rehabilitation. The essence of rehabilitation and maintaining wellness is for the person to take an active part in the recovery process.

It is important to mention that taking opioids precludes certain types of employment, even though one is tolerant and does not have side effects. People should be aware of the rules currently promulgated by Federal and State authorities.



EVALUATING OPIOID USE

Some of the following questions may help clarify a person's involvement with opioids and may help determine whether they are an asset or a liability:

- ❑ *Is the person's day centered around taking medication?* If so, consultation with the health care professional may clarify long-term risks and benefits of the medication and identify other treatment options.
- ❑ *Does the person take pain medication only on occasion, perhaps three or four times per week?* If this is the case, then the likelihood of addiction is low.
- ❑ *Have there been any other chemical (alcohol or drug) abuse problems in the person's life?* If so, then it is important to inform the health care professional, who will need to take that into consideration when prescribing.
- ❑ *Does the person in pain spend most of the day resting, avoiding activity, or feeling depressed?* If so, that suggests the pain medication is failing to promote rehabilitation. Daily activity is necessary for the body to produce its own pain relievers, to maintain strength and flexibility, and to keep life full and meaningful. Encourage the person with pain to request recommendations from a physician for a graduated exercise program.
- ❑ *Is the person in pain able to function (work, household chores, and play) with pain medication in a way that is clearly better than without?* Chances are that the pain medication is contributing to wellness. Most people who are addicted to pain medications or other substances (excluding nicotine) do not function well. They are undependable and forgetful.

The following may be signs that a person is being harmed more than helped by pain medication.

- sleeping too much or having days and nights confused
- decrease in appetite
- inability to concentrate or short attention span
- mood swings (especially irritability)
- lack of involvement with others
- difficulty functioning due to drug effects
- use of drugs to regress rather than to facilitate involvement in life
- lack of attention to appearance and hygiene

While it is impossible to make generalized guidelines for when to provide opioids on a regular, ongoing basis, the person and his/her family can often help to determine whether these agents are useful. If family members see that the person with pain has lost control of his or her life, is less functional, and is more depressed when taking or increasing the dose of opioids than they were before, they should seek help.

Most research suggests that family members over report the patient's pain, but they also may be the only ones who can accurately determine whether the person's life, mood, function, attitude, and comfort have changed for the better or worse. The person taking the medication may be so aware of the discomfort produced when they miss doses of pills that they incorrectly conclude that they need the medication. This may, in fact, only represent withdrawal due to physical dependence, as opposed to a persistent need for analgesic therapy.

What is the place of opioid pain medication? There is no question of the usefulness of opioids in acute pain and cancer pain. We do not yet know when they are most helpful in chronic use. Benefit is suggested when there is a significant increase in the person's level of functioning, reduction/elimination of pain complaints, and a more positive and hopeful attitude.

HYBRID PRESCRIPTION PAIN DRUGS

Tramadol (Ultram[®] – www.ultram.com) and tramadol combined with acetaminophen (Ultracet[™] – www.ultracet.com) are prescription pain medications indicated for the management of moderate to moderately severe pain. The combination of tramadol and acetaminophen produces greater analgesia than that produced by either administered alone.

Tramadol is a weak opioid analgesic that acts on the central nervous system in two ways. It binds modestly to opioid receptors and thus produces some analgesia by the same mechanism as opioids. It also affects certain neurotransmitters in the brain to decrease the perception of pain.

It blocks the reuptake of neurotransmitters, serotonin and norepinephrine, in the gaps between nerve cells, an action like that of some antidepressants that reduce pain. This may be the other mechanism by which tramadol relieves chronic pain.



Tramadol may cause fewer problems with drug addiction than do other opioids, although it is not completely free of this risk and may trigger addiction in those who have a history of drug abuse or previous addiction. It reduces the respiratory rate to a lesser extent in overdoses and does not cause the sort of gastrointestinal irritation produced by NSAIDs.

Tramadol reduces the threshold for seizures, which may occur in overdose. These may also be provoked in those with a history of seizure disorders, head trauma, etc. or in those taking other drugs that reduce the seizure threshold. These include certain antidepressants such as monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and tricyclic antidepressants (TCAs). They also include some antipsychotic medications (Thorazine[®], Compazine[®], etc.). Thus, caution is advised when tramadol is combined with these medications.

Since tramadol is a centrally acting synthetic analgesic, not a non-steroidal anti-inflammatory drug (NSAID), it has no anti-inflammatory activity. Also unlike NSAIDs, tramadol does not have the potential to compromise the efficacy of certain antihypertensive agents (diuretics and ACE-inhibitors). The tramadol dose should not exceed 400 mg (300 mg in the elderly) in divided doses a day.

Propoxyphene is a mild opioid analgesic structurally related to methadone. The potency of propoxyphene is from two thirds to equal that of codeine. Darvocet-N[®] 50, Darvocet-N[®] 100, and more recently Darvocet A500[™] tablets contain propoxyphene with acetaminophen. The combination of propoxyphene and acetaminophen produces greater analgesia than that produced by either drug alone. These products are indicated for the relief of mild to moderate pain, either when pain is present alone or when it is accompanied by fever. This drug is not recommended in most clinical practice guidelines.

Fiorinal® is a strong, non-opioid pain reliever and muscle relaxant. It is prescribed for the relief of tension headache symptoms caused by stress or muscle contraction in the head, neck, and shoulder area. It combines a non-opioid, sedative barbiturate (butalbital) with a pain reliever (aspirin) and a stimulant (caffeine).

ANTIDEPRESSANTS

One of the most important classes of drugs used to treat chronic pain is the antidepressant group. It is important to note that a response to drugs that were originally developed for psychiatric illness does not mean that the pain is psychiatric in origin. Antidepressant drugs have been used for many years to relieve pain.

- They do not work for pain only by relieving depression. In fact, they work as well for non-depressed people with pain as for those with depression.
- They do not work equally well for all types of pain. For example, they tend to be helpful for fibromyalgia, headache, and pain due to nerve ("neuritic") damage (e.g., diabetic neuropathy), but generally are less helpful for most musculoskeletal sports-type injuries or back pain.
- How well they work has little to do with how effective they are as antidepressants. Some very effective antidepressants have virtually no ability to reduce pain.

Tricyclic antidepressants (TCAs) and related drugs can be roughly divided into those with additional sedative and relaxing properties and those which are less so. Agitated and anxious patients tend to respond best to the sedative compounds whereas withdrawn individuals and those with less energy will often obtain the most benefit from the less sedating antidepressants.

HOW ANTIDEPRESSANTS MAY HELP

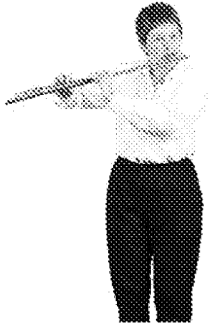
While most people know that pain signals go up the spinal cord to reach the brain, they may not be aware that there are signals coming down the spinal cord that can increase or reduce pain transmission. By increasing levels of chemicals (norepinephrine and serotonin) at nerve endings, antidepressants appear to strengthen the system that inhibits pain transmission.

Some antidepressants may be useful in chronic pain because they effectively reduce anxiety and improve sleep without the risks of habit-forming medications. Some people with chronic pain are depressed, and treating the depression may also help reduce the perception of pain. Many people with chronic pain find that antidepressants, along with learning other pain management skills, can help them regain control of their lives and keep their pain under control.

ANTIDEPRESSANT SIDE EFFECTS

The most common side effects of antidepressants are drowsiness, constipation, dry mouth, and blurred vision. Some people experience nightmares or an increased heart rate. While some people experience minimal side effects, for others, the side effects can be as bad as the pain. It is worth noting that

different antidepressants have different side effects, and tolerance to these side effects can develop with use.



Some cause more sleepiness, some less. Although some lower sex drive, desire may actually increase as pain, sleep, and mood improve. Some may lower blood pressure, while others raise it. Some increase appetite while others do not. Several may cause dizziness.

If a person's pain is helped by an antidepressant but the side effects are troublesome, it may be possible to change medications. The benefit may be retained while reducing the undesirable side effects.

Some of these drugs, especially the tricyclic group, can be fatal in overdose and should only be available and prescribed in limited supply.

BENEFITS OF ANTIDEPRESSANTS IN CHRONIC PAIN

The optimal role for antidepressants in chronic pain is still being defined as research progresses. These qualities seem clear, however.

- ☐ They do not have the potential to cause stomach inflammation and bleeding, as do the anti-inflammatory drugs.
- ☐ They do not seem to interfere with the body's internal pain fighting mechanisms; in fact, they probably strengthen them by increasing the effects of chemical messengers, such as norepinephrine and serotonin, in the nervous system.
- ☐ Many act as sedatives to promote a good night's sleep. Sleep deprivation is often one of the major obstacles in coping with chronic pain. In fact, with severe sleep deprivation, one cannot cope with much of anything.
- ☐ They may help to reduce depression.
- ☐ They may help to relieve anxiety and panic attacks.
- ☐ They may increase the effect of other pain relieving drugs or analgesics.
- ☐ They are non-addictive pain medications, and loss of effect due to tolerance does not occur after the optimal dose for a given person has been determined.
- ☐ They have a record of long-term safety and are among the most widely used drugs in medicine.

There is evidence that in chronic pain, antidepressants may work at lower doses and blood levels than are required for depression, and they may produce responses sooner than the three to five weeks which is typical for depression. This is not always true, however, and some people require full doses for maximum pain relief.

PAIN STATES THAT MAY RESPOND TO ANTIDEPRESSANTS

| | |
|------------------------------------|--|
| Postherpetic neuralgia | Migraine & Tension Headache |
| Diabetic neuropathy | Chemotherapy induced peripheral neuropathy |
| Phantom limb pain | Fibromyalgia |
| Stump / neuroma pain | Irritable Bowel Syndrome |
| Central pain (following stroke) | Rheumatoid arthritis |
| Sympathetic dystrophy (CRPS / RSD) | |

ANTIDEPRESSANTS COMMONLY USED FOR CHRONIC PAIN

TRICYCLIC ANTIDEPRESSANTS (TCAs)

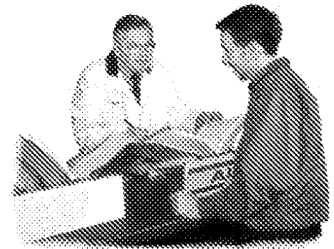
The tricyclic antidepressants have been used to treat depression for a long time. They include amitriptyline (Elavil[®]), desipramine (Norpramin[®]), imipramine (Tofranil[®]), and nortriptyline (Aventyl[®], Pamelor[®]).

These antidepressants have proven to have pain relieving effects. Desipramine is considered to have the lowest side effects profile of the TCAs.

Common side effects caused by these medicines include dry mouth, blurred vision, constipation, difficulty urinating, worsening of glaucoma, impaired thinking, and tiredness. These antidepressants can also lower blood pressure and may cause palpitations (pounding heart). They may increase appetite and be associated with weight gain. Go to the following web site for further information about tricyclic antidepressant toxicity: <http://www.emedicine.com/emerg/topic616.htm>

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

The selective serotonin reuptake inhibitors have fewer side effects and are less sedating than the tricyclic antidepressants. They are also effective for headache prevention but less effective for other types of pain.



SSRIs are a group of antidepressants that includes drugs such as citalopram (Celexa[™] – www.celexa.com/Celexa), escitalopram (Lexapro – www.lexapro.com), fluoxetine (Prozac[®] – www.prozac.com), fluvoxamine (Luvox[®]), paroxetine (Paxil[®] – www.paxil.com) and sertraline (Zoloft[®] – www.zoloft.com).

Some of the side effects that can be caused by SSRIs include dry mouth, stomach distress with nausea and vomiting, diarrhea, sweating, poor appetite, dizziness, tremors, drowsiness, anxiety, nervousness, insomnia, headache, and sexual problems.

SSRIs should be used with caution in patients with epilepsy, history of mania, cardiac disease, diabetes, angle-closure glaucoma, concomitant use of drugs that increase risk of bleeding, history of bleeding disorders (especially gastrointestinal bleeding), disorders of the liver and kidneys, pregnancy and breast-feeding. SSRIs, particularly paroxetine, may also impair performance of skilled tasks (e.g., driving) by causing drowsiness. Use within 14 days of an MAO inhibitor should be avoided.

Abrupt withdrawal of SSRIs should be avoided (associated with headache, nausea, burning or tingling sensation in the extremities, dizziness, and anxiety). For further information on SSRI toxicity, go to <http://www.emedicine.com/ped/topic2786.htm>.

OTHER ANTIDEPRESSANTS

Other antidepressants exist that have different ways of working than the SSRIs and TCAs. Commonly used ones are venlafaxine (Effexor[®]), nefazodone (Serzone[®]), bupropion (Wellbutrin[®] or Zyban[®]), mirtazapine (Remeron[®]) and trazodone (Desyrel[®]). Duloxetine (Cymbalta[®]), a drug similar to

venlafaxine, has been approved for diabetic neuropathy and may prove useful for other neuropathic pain problems. The monoamine oxidase inhibitors (MAOIs) are generally not used to treat chronic pain.

Some of the most common side effects in people taking venlafaxine (Effexor[®]) include nausea, loss of appetite, anxiety, nervousness, headache, insomnia and tiredness. Dry mouth, constipation, weight loss, sexual problems, increased blood pressure, increased heart rate and increased cholesterol levels can also occur (www.effexor.com).

Bupropion (Wellbutrin[®], Zyban[®]) can cause agitation, insomnia, headache and nausea (www.wellbutrin-xl.com). Although marketed for different indications, Wellbutrin[®] and Zyban[®] contain the same active ingredient and therefore should not be taken concurrently without close physician supervision. Serious cases of overdose have been reported in patients taking both agents.

Mirtazapine (Remeron[®]) can cause sedation, increased appetite, weight gain, increased cholesterol, dizziness, dry mouth, and constipation (www.remeron.com).

Some of the most common side effects of trazodone (Desyrel[®]) are sedation, dry mouth, and nausea. Although trazodone was developed for the treatment of depression, it is more frequently used today to alleviate insomnia. You can find more information about Desyrel[®] at www.healthsquare.com/newrx/DESI128.HTM.

The monoamine oxidase inhibitors (MAOIs) like phenelzine (Nardil[®]), tranylcypromine (Parnate[®]), isocarboxazid (Marplan[®]), and selegiline (Eldepryl[®]) commonly cause weakness, dizziness, headaches and tremor. While selegiline is used to treat Parkinson's disease, the other MAOIs are antidepressants. MAOIs generally are not effective as pain relievers and therefore are rarely used. They also have many drug-drug and drug-food interactions. MAOI toxicity is discussed at www.emedicine.com/EMERG/topic318.htm.

A discussion regarding antidepressant toxicity can be found at www.emedicine.com/EMERG/topic37.htm.



ANTICONVULSANTS OR ANTIEPILEPTIC DRUGS

Several drugs that were developed for prevention of epileptic seizures have been found to help certain pain conditions. One of these drugs, carbamazepine (Carbatrol[®], Tegretol[®]), is approved by the FDA for relieving the pain of trigeminal neuralgia, and gabapentin (Neurontin[®]) is approved for management of postherpetic neuralgia (PHN - the pain that lasts one to three months after shingles has healed). But most use of anticonvulsants for pain is “off label.” Although these medications are not habit forming, abrupt discontinuation can be hazardous. They should be stopped only after discussing how to do so with a physician. When used in migraine or cluster headache, they seem to reduce the frequency of headache more than the severity. Common side effects are drowsiness and unsteady gait or poor balance. These symptoms tend to diminish over time.

Gabapentin (Neurontin[®]) is widely utilized and has proven to be effective in many people for nerve injury or neuropathic pain. It is emerging as a first-line agent for the treatment of painful sensory neuropathy. Its use requires no more monitoring than more traditional medications, especially in elderly diabetic patients. However, it is costly, and decreased mental alertness or awareness is possible at higher doses. Gabapentin is now available off-label and a similar but updated drug, Pregabalin (Lyrica[®] - www.lyrica.com), is reported by the manufacturer to be more effective with less side effects.

Tiagabine (Gabitril[®] - www.gabitril.com) has also been found to be useful for nerve injury or neuropathic pain. Its most common side effects include nonspecific dizziness, drowsiness, and difficulty with concentration. Tiagabine use has been associated with new onset seizures and status epilepticus in patients without epilepsy.

Topiramate (Topamax[®] - www.topamax.com) has shown some use in treating neuropathic and sympathetically maintained pain. It is also being used for the prevention or prophylaxis of migraines. Topiramate may cause secondary angle closure glaucoma and, if left untreated, may lead to permanent vision loss. Use should be discontinued, and medical attention should be sought immediately in cases of blurred vision or eye pain. Topiramate can also impair mental concentration, cause dose-related weight loss, and cause or predispose to kidney stones.

PAIN STATES THAT MAY RESPOND TO ANTICONVULSANTS

| | |
|------------------------|-----------------------------|
| Trigeminal Neuralgia | Lightning pains |
| Postherpetic Neuralgia | Diabetic Neuropathy |
| Damage to nerve plexus | Multiple Sclerosis |
| Neuroma | Migraine / cluster headache |

| | |
|--------------------------------|------------------------|
| Complex Regional Pain Syndrome | Nerve compression pain |
|--------------------------------|------------------------|

ANTICONVULSANTS USED IN CHRONIC PAIN

| | |
|--|---|
| Carbamazepine (Tegretol [®]): www.healthsquare.com/newrx/teg1430.htm | Best studied, interacts with some other drugs, can affect the liver, white blood cells. |
| Valproic acid (Depakote [®]): www.depakote.com | Used in headache or nerve pain. |
| Gabapentin (Neurontin [®]): www.healthsquare.com/newrx/NEU1289.HTM | Has proven to be effective in some people for nerve injury or neuropathic pain. Seems safer, easier to use, costly. Some mental fuzziness possible at higher doses. |
| Phenytoin (Dilantin [®]): http://www.healthsquare.com/newrx/DIL1136.HTM | Stronger evidence supports the use of the above agents over phenytoin. The risk of adverse effects and drug interactions also precludes its regular use. |
| Clonazepam (Klonopin [®]): www.rocheusa.com/products/klonopin | A benzodiazepine (Valium [®] , Xanax [®] family). |
| Lamotrigine (Lamictal [®]): www.lamictal.com | May be useful for pain refractory to carbamazepine. Used in trigeminal neuralgia, central pain. May cause dizziness, constipation, nausea, decreased mental awareness, etc. |

| | |
|--|--|
| <p>Tiagabine (Gabitril[®]) www.gabitril.com</p> | <p>Used in combination with other anticonvulsant agents in the management of partial seizures. Useful for neuropathic pain.</p> |
| <p>Topiramate (Topamax[®]) www.topamax.com</p> | <p>Generally well tolerated but sometimes causes confusion, dizziness, fatigue, and problems with coordination and concentration. Possibly useful in treating neuropathic and sympathetically maintained pain. It is also being used as a preventive migraine treatment. Side effects include strange sensations and loss of appetite.</p> |
| <p>Levetiracetam (Keppra[®]) www.keppra.com</p> | <p>Indicated for use as adjunctive therapy in the treatment of partial seizures in adults. It is possibly effective in neuropathic pain.</p> |
| <p>Oxcarbazepine (Trileptal[®]) www.trileptal.com</p> | <p>Indicated for the treatment of partial seizures. Its improved safety and tolerability profile suggests that it may be an important addition to the treatment of neuropathic pain.</p> |
| <p>Zonisamide (Zonegran[®]) www.drugs.com/meds/zonegran</p> | <p>Indicated for use as adjunctive therapy for treatment of partial seizures (or <i>focal seizures</i>) in adults with epilepsy. Research suggests that zonisamide may be useful for treating neuropathic pain.</p> |

ORAL ANTI-ARRHYTHMIC AGENTS

Those antiarrhythmics with local anesthetic properties are occasionally used in chronic pain. They are approved for the prevention of disturbances in heart rhythm but, just as they interrupt premature firing of heart fibers, they also diminish premature firing of damaged nerves.

*Partners for Understanding Pain
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Due to safety concerns, the only antiarrhythmics that are used often for chronic pain are mexiletine (Mexitil[®]) and flecainide (Tambocor[™]). They reduce pain in diabetic neuropathy, post stroke pain, complex regional pain syndrome or reflex sympathetic dystrophy, and traumatic nerve injury.

Mexiletine is chemically similar to lidocaine, an anesthetic frequently used by dentists. Common side effects of mexiletine include dizziness, anxiety, unsteadiness when walking, heartburn, nausea, and vomiting. It should be taken with food to lessen stomach irritation. Infrequent adverse reactions include sore throat, fever, mouth sores, blurred vision, confusion, constipation, diarrhea, headache, and numbness or tingling in the hands and feet. Serious symptoms occur with over-dosage including seizures, convulsions, chest pain, shortness of breath, irregular or fast heartbeat, and cardiac arrest. Immediate discontinuation of the medication followed by emergency treatment is appropriate in these conditions. You can find out more about mexiletine (Mexitil[®]) at www.healthsquare.com/newrx/MEX1261.HTM.

Flecainide (Tambocor[™]) was approved to treat arrhythmias and can slow a fast heart rate. It has also been effective for treating certain painful conditions related to neuropathic pain. Although cardiac side effects with flecainide may be infrequent, an ECG is recommended before treatment is started. You can find out more about flecainide (Tambocor[™]) at www.healthsquare.com/newrx/tam1424.htm.

TOPICAL PAIN RELIEVERS

Creams, sprays, patches, or rubs applied on the skin over a painful muscle or joint are called *topical pain relievers* or *topical analgesics*. Many are available without a prescription.



Some of the over-the-counter topical agents contain salicylates, a family of drugs that reduce inflammation and pain. They come from the bark of the willow tree and are the pain relieving substance found in aspirin. Small amounts relieve mild pain. Larger amounts may reduce both pain and inflammation. Salicylates decrease the ability of the nerve endings in the skin to sense pain.

Counterirritants, another group of topical agents, are specifically approved for the topical treatment of minor aches and pains of muscles and joints (simple backache, arthritis pain, strains, bruises, and sprains). They stimulate nerve endings in the skin to cause feelings of cold, warmth, or itching. This produces a paradoxical pain-relieving effect by producing less severe pain to counter a more intense one. Some topical pain relievers are methyl salicylate, menthol, camphor, eucalyptus oil, turpentine oil, histamine dihydrochloride, and methyl nicotinate.

Topical agents have also gained popularity for use in certain neuropathic pain conditions such as diabetic neuropathy, postherpetic neuralgia, or neuroma pain. Two agents, capsaicin (Zostrix[®], Zostrix[®]-HP) and topical anesthetics (EMLA[®] cream, Lidoderm[®] 5% patches), are primarily used along with other topical agent combinations which can be compounded at your local pharmacy.

Several studies have suggested that capsaicin (cap-SAY-sin) can be an effective analgesic in at least some types of neuropathic pain. An adequate trial of capsaicin usually requires four applications daily, around the clock, for at least three to four weeks. Some individuals may experience a burning

sensation, which usually lessens within 72 hours with repeated use. Gloves should be worn during application, and hands should be washed with soap and water after application to avoid contact with the eyes or mucous membranes.

Topical anesthetics, such as EMLA[®] (Eutectic Mixture of Local Anesthetic) cream, is used primarily prior to painful procedures such as venipuncture (blood drawing), lumbar puncture (spinal tap), and wart removal. EMLA[®] cream may be effective in the treatment of postherpetic neuralgia, ischemic (decreased blood supply) neuropathy, and a variety of other neuropathic conditions.

EMLA[®] cream (www.emla-us.com) is a combination of the local anesthetics lidocaine and prilocaine. This combination results in a relatively constant release of dissolvable local anesthetics that can diffuse through the skin and soft tissue. A thick layer of EMLA[®] cream is applied to intact skin and covered with an occlusive dressing. The minimal application time to obtain reliable superficial pain relief is one hour. However, the cream may be left on the skin for up to two hours, depending on the degree of the procedure performed. Analgesia can be expected to increase for up to 3 hours under occlusive dressing and persist for 1 to 2 hours after removal of the cream.

Lidoderm[®] 5% (lidocaine) patches (www.lidoderm.com) can be cut to fit over the area of pain. The 5% lidocaine patch is the only topical anesthetic agent to receive FDA approval for the treatment of a neuropathic pain condition, specifically postherpetic neuralgia (PHN). It measures 10 cm x 14 cm and has a polyethylene adhesive backing. Up to three patches can be applied simultaneously to intact skin for 12 hours in any 24 hour period.

Side effects of topical local anesthetics are minimal and include localized skin irritation and swelling that generally disappear within two to three hours after the local anesthetic(s) is removed from the skin. As a rule, blood concentrations of topical local anesthetics are well below toxic levels.

Your doctor may prescribe topical agents which are compounded especially for you by your pharmacist. This usually involves the mixing together of several medications to be spread over the painful area.

SEDATIVES, ANTI-ANXIETY MEDICATIONS, & TRANQUILIZERS

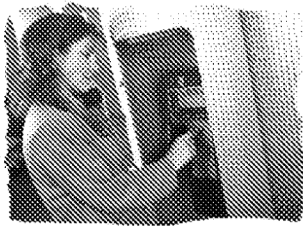
Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists do not generally recommend them for long-term use. They can be habituating, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression.

Zolpidem tartrate (Ambien[®]) is a non-benzodiazepine and is used for short-term treatment of insomnia (difficulty falling asleep or staying asleep, or early awakening). More common side effects may include allergy, daytime drowsiness, dizziness, drugged feeling, headache, indigestion, and nausea. Some people using Ambien--especially those taking serotonin-boosting antidepressants--have experienced unusual changes in their thinking and/or behavior. Ambien and other sleep medicines can cause a special type of memory loss. Older adults, in particular, should be aware that they may be more apt to fall. Ambien should be used with caution if you have liver problems. If Ambien is taken

for more than a week or two, it should not be stopped abruptly. It should not be used if people who use alcohol. It can increase the drug's side effects. If you have breathing problems, they may become worse when you use Ambien.

A newer sleeping medication, eszopiclone (LunestaTM) reportedly has fewer side effects and can be taken for longer periods of time. Initial testing suggest fewer side effects than other sleep medication but individuals taking eszopiclone or any other sedative drug may develop dependence on the drug for sleep and experience withdrawal symptoms when the drug is discontinued. The most common side effects of eszopiclone are dizziness and loss of coordination.

Diazepam (Valium[®]) is widely prescribed, even though it is widely recognized for causing depression and physical dependence when used for long periods.



Many pain specialists believe that anxiety and insomnia in those with chronic pain are best treated with antidepressants when possible. Non-medication approaches to proper sleep hygiene are best but are not the focus of this Medications & Chronic Pain Supplement.

Most people experience anxiety at one time or another in their lives. Anxiety can present as nervousness or sweaty palms before an interview, irritability, uneasiness, feelings of apprehension, tight muscles, and difficulty sleeping. Anxiety is often mild, but if it becomes severe, counseling or medications may be needed. The most widely prescribed drugs for anxiety are benzodiazepines, like diazepam (Valium[®]), lorazepam (Ativan[®]), clonazepam (Klonopin[®]), flurazepam (Dalmane[®]), triazolam (Halcion[®]), temazepam (Restoril[®]), and alprazolam (Xanax[®]). They are also used as muscle relaxants and for insomnia (difficulty sleeping). Their use as sleep aids is limited as they do not work well when used continuously each night to produce sleep.

Side effects are similar to those of alcohol and include sedation, slurred speech, and gait unsteadiness. Other adverse reactions include chest pain and a pounding heartbeat, psychological changes, headache, nausea, restlessness, vision problems, nightmares, and unexplained fatigue. Alcohol and tobacco should be avoided while taking these drugs.

Because of withdrawal symptoms, these drugs should be discontinued slowly under a physician's supervision. Withdrawal reactions may be mistaken for anxiety since many of the symptoms are similar. Left unattended, benzodiazepine withdrawal can be associated with seizures or even death.

Two common drugs for migraine, Fiorinal[®] and Fioricet[®], contain aspirin or acetaminophen (Tylenol[®]), respectively, with caffeine and butalbital, a barbiturate. These drugs may cause a high level of physical dependence and rebound headaches in frequent use. But they are probably harmless in those who use one of them for infrequent migraines.

MUSCLE RELAXANTS

Many drugs have been marketed as muscle relaxants, even though most do not seem to have any direct effect on muscle. Perhaps they should be called "brain relaxants," since they are all sedating and this

may be how they actually work. Some also have analgesic (pain reducing) properties. Cyclobenzaprine (Flexeril[®]) is chemically similar to the tricyclic antidepressants and may have a similar mechanism.

DRUGS USED AS MUSCLE RELAXANTS IN CHRONIC PAIN

| | |
|--|---|
| Carisoprodol (Soma [®]) | Converted by the body into meprobamate, a barbiturate-like drug. It may cause both physical dependence and addiction. It should be avoided in kidney or liver disease. With prolonged use, it is associated with dependence. Long-term use in chronic pain should be avoided. |
| Cyclobenzaprine (Flexeril [®]) | Skeletal muscle relaxant that is structurally similar to the TCAs. Side effects include dizziness, drowsiness, dry mouth, constipation, confusion, and loss of balance. Long-term use in chronic pain should be avoided. |
| Methocarbamol (Robaxin [®]) | Skeletal muscle relaxant with sedative properties. Side effects include drowsiness and urine discoloration to brown, black, or green. |
| Metaxalone (Skelaxin [®]) | Skeletal muscle relaxant. It should be used with caution in liver disease. |
| Chlorzoxazone (Parafon Forte [®] DSC) | Skeletal muscle relaxant with sedative properties. It should be used with caution in liver disease. |

| | |
|--------------------------------------|--|
| Baclofen (Lioresal [®]) | Reduces spasticity after neurological illness or injury. Withdrawal should not be abrupt. Inhibits transmission at the spinal level and also depresses the central nervous system. The dose should be increased slowly to avoid the major side effects of sedation and muscle weakness (other adverse events are uncommon). Baclofen is known to be safer for long term use. |
| Dantrolene (Dantrium [®]) | A true muscle relaxant that acts directly on skeletal muscle and produces fewer central adverse effects. Can have significant liver toxicity. The dose should be increased slowly. |
| Orphenadrine (Norflex [™]) | A skeletal muscle relaxant with analgesic properties. |
| Tizanidine (Zanaflex [®]) | A drug indicated for spasticity associated with multiple sclerosis or spinal cord injury but being used off label for chronic pain. |
| Diazepam (Valium [®]) | Other benzodiazepines also have muscle-relaxant properties. Most pain physicians avoid prescribing diazepam for muscle spasm. Toxicity of benzodiazepines is discussed at www.emedicine.com/emerg/topic58.htm . |

ANTI-PSYCHOTICS

This class of drugs was marketed primarily because of its ability to reduce hallucinations and psychotic thinking, although some members of the class are used to treat nausea and migraine.

Common ones include chlorpromazine (Thorazine[®]), aripiprazole (Abilify[™]), clozapine (Clozaril[®]), haloperidol (Haldol[®]), olanzapine (Zyprexa[®], Zyprexa[®] Zydis), quetiapine (Seroquel[®]), risperidone (Risperdal[®]), and ziprasidone (Geodon[®]).

In general, their use in chronic pain is poorly established, and they have the potential to cause a permanent neurological condition called tardive dyskinesia. In mild cases, this consists of movements of the mouth and tongue, which is mostly a cosmetic problem; however, in more severe cases there can be severe muscle activity that interferes with ability to function and even to breathe. For these reasons, they are usually considered “last resort” drugs. Toxicity of anti-psychotics is discussed at www.emedicine.com/EMERG/topic338.htm.

ANTI-HYPERTENSIVES

Clonidine (Catapres[®], Catapres-TTS[®] patch) is a centrally-acting alpha-agonist that lowers blood pressure and has also been shown to have pain-relieving properties in sympathetically maintained pain conditions such as Complex Regional Pain Syndrome (CRPS) or Reflex Sympathetic Dystrophy (RSD). It is available as tablets for oral administration, as an injectable solution for administration in an epidural or implanted pump, or as a once-weekly patch.

Side effects can include dry mouth, drowsiness, dizziness, and constipation. Transient localized skin reactions can occur with the patch.

It should not be discontinued suddenly as this can result in symptoms such as nervousness, agitation, headache, and tremor accompanied or followed by a rapid rise in blood pressure. Some individuals can develop an allergy to clonidine with a generalized rash, itching, or swelling. It should be used with caution in patients with severe heart disease, cerebrovascular disease (stroke), or chronic kidney failure.

BOTULINUM TOXIN

Botulinum toxin (Botox[®] & Myobloc[®]) has been found to be effective in decreasing overactive (hypercontractile) muscles which may be present in a number of chronic pain conditions. There appears to be pain relieving properties of botulinum toxin irrespective of muscle relaxation. Chronic headache, back, neck, and extremity muscle pain has been shown to respond to botulinum toxin injection.

Botulinum toxin works within 3 to 5 days after intramuscular administration and lasts for an average of 12 weeks.

The occurrence of side effects after receiving botulinum toxin is rare. Muscle weakness may occur and is the most common side effect. Swallowing problems can develop when treating cervical muscle problems. Other possible adverse effects include dry mouth, pain on injection site, swallowing problems, headache, and flu-like symptoms. Additionally, adverse effects may include local bruising, generalized fatigue, lethargy, dizziness, and difficulty speaking with hoarseness, but these side effects are extremely rare.



NMDA INHIBITORS

Numerous new compounds that specifically target mechanisms mediating neuropathic pain such as the N-methyl-D-aspartate (NMDA) receptor complex are currently in clinical trials. NMDA inhibitors

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appear to help prevent sudden acute pain from progressing into chronic pain. These act by blocking receptors of neurotransmitters that are essential for making long-term memories.

There is evidence that methadone may have NMDA antagonist properties.

The NMDA receptor antagonists include ketamine and dextromethorphan. The NMDA antagonists also reduce opioid tolerance and may enhance opioid analgesia. However, side effects are the biggest problem with this drug class.

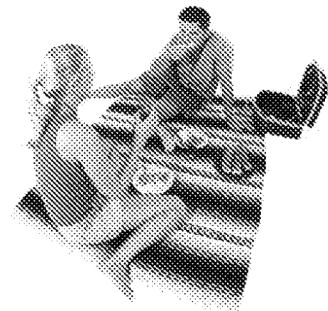
Ketamine is typically used for the induction and maintenance of general anesthesia; however, this medication has diverse effects which may be useful in the management of acute and chronic pain. For patients who do not have adequate pain control using more traditional medications, ketamine offers another option. When ketamine is used for pain management in low doses or by the oral route, the side effects are much reduced. Adverse effects reported in studies of lower doses given to adults by the oral route include lightheadedness, dizziness, tiredness, headache, nervous floating sensation, bad dreams, and sensory changes.

Dextromethorphan, an antitussive, is used to relieve a nonproductive cough caused by a cold, the flu, or other conditions.

A clinical trial of an NMDA-receptor antagonist, memantine (Namenda™ - www.namenda.com), in patients with advanced Alzheimer disease has been reported. Some pain physicians have been prescribing this drug off-label for neuropathic pain, but further studies are needed to determine its effectiveness.

ACTIVATING MEDICATIONS (CENTRAL NERVOUS SYSTEM STIMULANTS)

Side effects from medications prescribed for chronic pain can be bothersome at the least and, if significant enough, may cause the need to discontinue the offending medication. One of these side effects is daytime drowsiness, making it difficult for the individual to function and carry out day to day activities and work. Rather than give up the benefits of the prescribed medication, some physicians will try to treat the side effect of sleepiness and lethargy by prescribing an "activating" medication such as methylphenidate (Ritalin®, Concerta®, Metadate®), dextroamphetamine (Dexedrine®), modafinil (Provigil®), and combination products (Adderall®).



Methylphenidate (Ritalin®, Concerta®, Metadate®) is a medication prescribed for individuals (usually children) who have an abnormally high level of activity or attention-deficit hyperactivity disorder (ADHD). It is a central nervous system (CNS) stimulant. It has effects similar to, but more potent than, caffeine and less potent than amphetamines. It is occasionally used off-label as a stimulant when daytime sleepiness from chronic pain medications is a problem. When used appropriately, it can be effective, but it does have potential for abuse and addiction (www.nida.nih.gov/Infobox/ritalin.html). Marked anxiety, tension, and agitation are contraindications to methylphenidate since the drug may aggravate these symptoms. Methylphenidate should be given cautiously to emotionally unstable

patients and those with a history of drug dependence or alcoholism, as they may increase the dose on their own initiative.

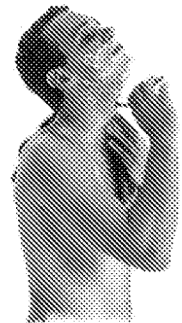
Dextroamphetamine (Dexedrine[®]) is an amphetamine used to treat narcolepsy and attention-deficit hyperactivity disorder in children. In some cases, this drug has been used to treat depression or as an adjunct in the treatment of exogenous obesity. This drug is from a family of drugs known as central nervous system stimulants.

Modafinil (Provigil[®] - www.provigil.com) is approved by the FDA to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome and shift work sleep disorder. It is also being used off-label for persons with chronic pain and excessive daytime sleepiness. It is generally well tolerated, with mild to moderate side effects. It reportedly does not affect nighttime sleep. Provigil has been known to cause headaches, and less frequent side effects include nausea, nervousness, anxiety, and insomnia.

IMPLANTED DRUG DELIVERY SYSTEMS

Delivery of pain relievers directly to the area of the spinal cord and nerve roots is another route of drug delivery. In this case, the approach offers dosage reductions, potentially fewer side effects and in some instances, is the only route possible for certain drugs.

Ziconotide (Prialt[®] - www.prialt.com) is a non-opioid analgesic used for the management of severe chronic pain and is reserved for patients intolerant or refractory to other therapies. It is delivered intrathecally. The drug is delivered by continuous infusion through an ambulatory infusion pump directly into the fluid surrounding the spinal cord. Common side effects include dizziness, nausea, vomiting, constipation, diarrhea, loss of appetite, and muscle weakness.



HERBAL MEDICINES

The following information about Herbal Medicine was abstracted from an article written by Kate O'Hanlan, M.D., Use of Herbal Medicine and Quality Medical Care, in the Drug Information Service Newsletter, The Department of Pharmacy, Stanford Hospital & Clinics, Volume 21, Issue 5, November/December 2002. Herbal medicines are unproven regarding treating chronic pain and further, have the potential to interfere and interact with other prescription medications.

Herbal medicines are broadly defined as medicinal agents derived from plant substances. Nutraceuticals are nutrient products such as fish oils and megavitamins. While many currently used prescription medications may also fall into this category, all prescriptive agents have been critically evaluated with regard to evidence of their efficacy, cross reactions, and undesired side effects and are closely monitored by the Federal Food and Drug Administration (FDA).

Consumption of herbal medicines bought over-the-counter from a virtually unregulated pharmaceutical and vitamin industry is increasing yearly. The 1994 Dietary Supplement Health and Education Act permits herbal remedies and medicinal agents to be categorized with vitamins, minerals, and food additives, with no FDA oversight of safety or efficacy data required prior to marketing or listed on the label. Additionally, there is no oversight of the sterility of production, bio-equivalency, or durability of product life.

All medications have the potential for toxic side effects and cross reactions with other medications. Unexpected toxicity or drug interaction from any medication may accrue due to many variables such as age, gender, nutritional status, other illnesses, and surgery. While such knowledge is part of clinical medicine, this information is not as readily available for herbal remedies and nutraceuticals, even though some have been used for centuries. In addition, standard preparation and dosing instructions have not been elucidated for the use of herbal medicines.

The American Society of Anesthesiologists recommends that patients discontinue or taper off of herbal medicines and nutraceuticals at least two weeks prior to surgery, and that patients taking herbal medicinals having urgent or emergency surgery bring the original containers to the hospital for review by the anesthesiologist and surgeon.

Many adverse events from herbal medicines have been reported including hypersensitivity reactions, anaphylaxis (shock), hepatitis, nausea, vomiting, diarrhea, platelet inhibition, increased and decreased clotting time, lower seizure threshold, elevated digoxin levels, central nervous system depression, phototoxicity, myocardial ischemia, electrolyte alterations, hypotension, arrhythmias, renal failure, carcinogenicity, and autoimmune effects. Some of the undesirable effects of a few of the more commonly used herbals are shown below.

| Adverse Events with Commonly Used Herbal Medications | |
|---|----------------------------|
| Aloe vera | Nausea, vomiting, diarrhea |
| Astragalus | Autoimmune disease |
| Belladonna | Atropine effects |
| Chaparral | Hepatitis |
| Ephedra | Cardiac arrhythmias, death |
| Ginkgo biloba | Excess bleeding |

Familiarity with the growing list of herbal remedies and a detailed understanding of their possible side effects and cross reactions with anesthetic drugs and medications are no longer possible, if they ever were possible. Of note, however, the National Institutes of Health (NIH) has announced the launch of a web-based database that will provide authoritative complementary and alternative medicine (CAM) information at <http://www.nlm.nih.gov/nccam/camonpubmed.html>.

MIGRAINE HEADACHES

Migraine headache treatment has been revolutionized with the advent of the triptans. These include sumatriptan (Imitrex® – also available by injection or nasal spray – www.imitrex.com), zolmitriptan (Zomig® – also available by nasal spray or as orally-disintegrating tablets – www.zomig.com), naratriptan (Amerge®), rizatriptan (Maxalt® – also available as orally-disintegrating tablets – www.maxalt.com) and almotriptan (Axert™ – www.axert.com). Newer triptans include frovatriptan (Frova® – www.frova.com) and eletriptan (Relpax® – www.relpax.com).

The key to effective treatment, however, is still a combination of avoidance of migraine triggers, stress management and relaxation techniques, and non-medication symptom relief through the use of locally applied heat or cold, massage, hot showers, and rest in a quiet, darkened room. Some people benefit from complementary or alternative therapies such as relaxation techniques, biofeedback, yoga, aromatherapy, acupuncture, spinal manipulation, and homeopathic remedies.



Unfortunately, while migraine headaches can now be better controlled, it is unrealistic to expect instant, complete or permanent pain relief for what is essentially a chronic, recurring disease.

Effective migraine treatment begins with the early recognition that an attack is pending followed by immediate treatment. Migraine sufferers are encouraged to take an active role in managing their headaches by avoiding common triggers, making lifestyle changes, and taking their medication at the first sign of migraine pain.

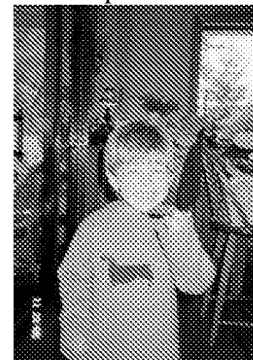
An excellent medical review on migraine headaches can be found in the Cleveland Clinic Medical Journal in January 2003 at www.ccjm.org/pdf/files/Mannix103.pdf.

ALCOHOL

Alcohol is also a drug. The use of alcohol has no place in the treatment of chronic pain, although some individuals turn to alcohol for relief when they perceive their pain as intolerable.

Alcohol can enhance the effect of certain prescription drugs as well as markedly increase potential toxic side effects (such as liver damage when used in conjunction with acetaminophen).

Alcohol affects the nervous system as a depressant, not as a stimulant. It depresses normal mental activity and normal muscle function. Short-term effects of an average amount of alcohol include relaxation, breakdown of inhibitions, euphoria, and decreased alertness. Short-term effects of large amounts include nausea, stupor, hangover, unconsciousness, and even death. Alcohol increases stomach acid and impairs liver function. Chronic alcoholism frequently leads to permanent damage to the liver. Alcohol also affects the heart and blood vessels by decreasing normal function leading to heart disease. Bleeding from the esophagus and stomach frequently accompany liver disease caused by chronic alcoholism.



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The early signs of alcoholism include the prominent smell of alcohol on the breath and behavior changes such as aggressiveness, passivity, lack of sexual inhibition, poor judgment, and outbursts of uncontrolled emotion such as rage or tearfulness. Intoxication signs of alcoholism include unsteady gait, slurred speech, poor performance of any brain or muscle function, stupor or coma in severe alcohol intoxication, with slow, noisy breathing, cold and clammy skin, and an increased heart beat.

The long-term effects of alcohol addiction include the compulsive use of it. When alcohol is unavailable to persons who are severely addicted, severe withdrawal symptoms are noticed and may be life threatening if not treated immediately. Even with successful treatment, individuals addicted to alcohol have a high tendency to relapse.

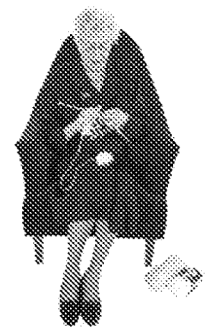
Alcohol and chronic pain medications do not mix.

ILLICIT DRUGS & MARIJUANA

Reputable pain physicians will not prescribe opioids and other medications to individuals who procure or sell drugs illicitly. The potential for serious medication interactions and side effects is great.

There is no place for the use of illicit drugs in the treatment of chronic pain.

The use of marijuana is controversial, including for chronic pain relief. Some states allow the legal use of marijuana for health purposes including pain, while the federal government continues to threaten physicians with prosecution for prescribing it.



The use of marijuana, alcohol, or other substances should be discussed openly between you and your physician.

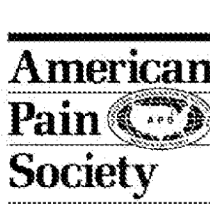
CONCLUSION

An essential concept in pain management is that each person is different and will respond differently to situations, interventions, and medications. It is important for the person with pain, family members, and others to avoid quick judgments based on what they hear or read about medications. The best place to get advice about medications is from the health care provider assisting the person with pain. Families need to be good reporters – observant, truthful, and honest about what they see in the person who is taking medication. Often the person taking the medication does not realize the changes that are produced. Family member observations will be helpful to the health care provider.

The ACPA once again reminds you that this 2007 Medications & Chronic Pain Supplement is not meant to serve as medical advice for your condition or regarding your medication needs. Remember that the best source of information about your health and medication needs is from an open dialogue with your doctor.

REFERENCES ON THE INTERNET

1. http://my.webmd.com/medical_information/drug_and_herb/drugs
2. <http://www.drugfonet.com/drug.htm>
3. <http://www.pdr.net>
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5. <http://www.fda.gov/cder/drug/default.htm>
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THE USE OF OPIOIDS FOR THE TREATMENT OF CHRONIC PAIN: A CONSENSUS STATEMENT FROM AMERICAN ACADEMY OF PAIN MEDICINE AND AMERICAN PAIN SOCIETY

I. The management of pain is becoming a higher priority in the United States. In the last several years, health-policymakers, health professionals, regulators, and the public have become increasingly interested in the provision of better pain therapies. This is evidenced, in part, by the U.S. Department of Health and Human Services' dissemination of Clinical Practice Guidelines for the management of acute pain and cancer pain.

These publications, which have been endorsed by AAPM and APS, state that opioids, sometimes called "narcotic analgesics," are an essential part of a pain management plan. There is currently no nationally accepted consensus for the treatment of chronic pain not due to cancer, yet the economic and social costs of chronic pain are substantial, with estimates ranging in the tens of billions of dollars annually.

II. Current conditions dictate the need for a joint consensus statement of two major national pain organizations. AAPM and APS believe that the United States is in a critical phase of state-level policy development with respect to the use of opioids in pain treatment. In this regard, there has been recent activity in state legislatures (i.e., intractable pain treatment acts and the establishment of pain commissions) and at the regulatory level (statements of policy from state boards of medical examiners). In response to inquiries from concerned boards, AAPM and APS wish to encourage a dialogue with regulators about the appropriate relation between law and the practice of pain medicine. The purpose of laws that govern controlled substances and professional conduct is to protect the public. Our objective is for state policies to recognize but not interfere with the medical use of opioids for pain relief, while continuing to address the issue of prescribing that may contribute to drug abuse and diversion.

It is imperative that this statement not be misconstrued as advocating the imprudent use of opioids. Rather, if a practitioner decides to treat chronic pain with opioids, this document should serve as a guide for both the practitioner and regulators with regard to the judicious use of these drugs in the course of medical practice.

III. Pain is often managed inadequately, despite the ready availability of safe and effective treatments. Many strategies and options exist to treat chronic noncancer pain. Since chronic pain is not a single entity but may have myriad causes and perpetuating factors, these strategies and options vary from behavioral methods and rehabilitation approaches to the use of a number of different medications, including opioids.

Pain is one of the most common reasons people consult a physician, yet it frequently is inadequately treated, leading to enormous social cost in the form of lost productivity, needless suffering, and excessive healthcare expenditures.

Impediments to the use of opioids include concerns about addiction, respiratory depression and other side effects, tolerance, diversion, and fear of regulatory action.

IV. Current information and experience suggest that many commonly held assumptions need modification.

Addiction: Misunderstanding of addiction and mislabeling of patients as addicts result in unnecessary withholding of opioid medications. Addiction is a compulsive disorder in which an individual becomes preoccupied with obtaining and using a substance, the continued use of which results in a decreased quality of life. Studies indicate that the de novo development of addiction when opioids are used for the relief of pain is low. Furthermore, experience has shown that known addicts can benefit from the carefully supervised, judicious use of opioids for the treatment of pain due to cancer, surgery, or recurrent painful illnesses such as sickle cell disease.

Respiratory depression and other side effects: Fear of inducing respiratory depression is often cited as a factor that limits the use of opioids in pain management. It is now accepted by practitioners of the specialty of pain medicine that respiratory depression induced by opioids tends to be a short-lived phenomenon, generally occurs only in the opioid-naïve patient, and is antagonized by pain. Therefore, withholding the appropriate use of opioids from a patient who is experiencing pain on the basis of respiratory concerns is unwarranted. Other side effects, such as constipation, can usually be managed by attention to diet, along with the regular use of stool softeners and laxatives. Sedation and nausea, possible early side effects, usually dissipate with continued use.

Tolerance: It was previously thought that the development of analgesic tolerance limited the ability to use opioids efficaciously on a long-term basis for pain management. Tolerance, or decreasing pain relief with the same dosage over time, has not proven to be a prevalent limitation to long-term opioid use. Experience with treating cancer pain has shown that what initially appears to be tolerance is usually progression of the disease. Furthermore, for most opioids, there does not appear to be an arbitrary upper dosage limit, as was previously thought.

Diversion: Diversion of controlled substances should be a concern of every health professional, but efforts to stop diversion should not interfere with prescribing opioids for pain management. Attention to patterns of prescription requests and the prescribing of opioids as part of an ongoing relationship between a patient and a healthcare provider can decrease the risk of diversion.

V. Policy is evolving. State law and policy about opioid use are currently undergoing revision. The trend is to adopt laws or guidelines that specifically recognize the use of opioids to treat intractable pain. These statements serve as indicators of increased public awareness of the sequelae of undertreated pain and help clarify that the use of opioids for the relief of chronic pain is a legitimate medical practice.

VI. Accepted principles of practice for the use of opioids should be promulgated. Due to concerns about regulatory scrutiny, physicians need guidance as to what principles should generally be followed when prescribing opioids for chronic or recurrent pain states. Regulators have also expressed a need for guidelines to help them to distinguish legitimate medical practice from questionable practice and to allow

them to appropriately concentrate investigative, educational, and disciplinary efforts, while not interfering with legitimate medical care.

VII. Principles of good medical practice should guide the prescribing of opioids. AAPM and APS believe that guidelines for prescribing opioids should be an extension of the basic principles of good professional practice.

Evaluation of the patient: Evaluation should initially include a pain history and assessment of the impact of pain on the patient, a directed physical examination, a review of previous diagnostic studies, a review of previous interventions, a drug history, and an assessment of coexisting diseases or conditions.

Treatment plan: Treatment planning should be tailored to both the individual and the presenting problem. Consideration should be given to different treatment modalities, such as a formal pain rehabilitation program, the use of behavioral strategies, the use of noninvasive techniques, or the use of medications, depending upon the physical and psychosocial impairment related to the pain. If a trial of opioids is selected, the physician should ensure that the patient or the patient's guardian is informed of the risks and benefits of opioid use and the conditions under which opioids will be prescribed. Some practitioners find a written agreement specifying these conditions to be useful.

An opioid trial should not be done in the absence of a complete assessment of the pain complaint.

Consultation as needed: Consultation with a specialist in pain medicine or with a psychologist may be warranted, depending on the expertise of the practitioner and the complexity of the presenting problem. The management of pain in patients with a history of addiction or a comorbid psychiatric disorder requires special consideration, but does not necessarily contraindicate the use of opioids.

Periodic review of treatment efficacy: Review of treatment efficacy should occur periodically to assess the functional status of the patient, continued analgesia, opioid side effects, quality of life, and indications of medication misuse. Periodic reexamination is warranted to assess the nature of the pain complaint and to ensure that opioid therapy is still indicated. Attention should be given to the possibility of a decrease in global function or quality of life as a result of opioid use.

Documentation: Documentation is essential for supporting the evaluation, the reason for opioid prescribing, the overall pain management treatment plan, any consultations received, and periodic review of the status of the patient.

VIII. The Mission Statements of AAPM and APS are consistent with this collaborative effort. The American Academy of Pain Medicine is the AMA-recognized specialty society of physicians who practice pain medicine. The American Pain Society is the national chapter of the International Association for the Study of Pain and is composed of physicians, nurses, psychologists, scientists, and members of other disciplines who have an interest in the study and treatment of pain.

The mission of the American Academy of Pain Medicine is to enhance pain medicine practice in this country by promoting a socioeconomic and political climate conducive to the effective and efficient practice of pain medicine and by ensuring quality medical care by physicians specializing in pain medicine, for patients in need of such services.

The mission of the American Pain Society is to serve people in pain by advancing research, education, treatment, and professional practice. The undertreatment of pain in today's society is not justified. This joint consensus statement has been produced pursuant to the missions of both organizations, to help foster a practice environment in which opioids may be used appropriately to reduce needless suffering from pain.

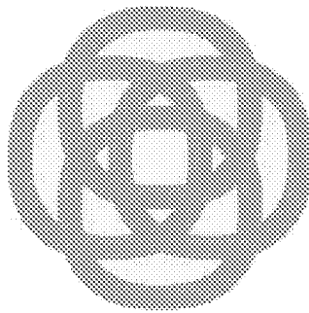
The statement was prepared by the following committee members: J. David Haddox, DDS MD (Chair); David Joranson, MSSW (Vice Chairman); Robert T. Angarola, Esq.; Albert Brady, MD; Daniel B. Carr, MD; E. Richard Blonsky, MD; Kim Burchiel, MD; Melvin Gitlin, MD; Matthew Midcap, MD; Richard Payne, MD; Dana Simon, MD; Sridhar Vasudevan, MD; Peter Wilson, MBBS, PhD. Consultant: Russell K. Portneno, MD.

Approved by the AAPM Board of Directors on June 29, 1996
Approved by the APS Executive Committee on August 20, 1996

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NURSES CARE



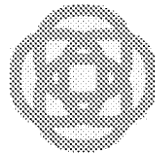
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RESOURCES

September 2007

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AMERICAN ACADEMY OF NURSE PRACTITIONERS

We can offer the following materials for professional and patient education:

| Title | Summary of contents | Length | Price |
|--|--------------------------------------|--------|---|
| Journal of the AANP | Professional newsletter | | Information on subscriptions will be posted soon. See website for addtl information |
| Position Statements & Papers | Various- see website for description | | See website |
| AANP is currently planning a program to develop & produce monographs & books. Information will be added to the website as the program becomes operational. | | | |

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AMERICAN ACADEMY OF PAIN MANAGEMENT

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|---|--------------|-----------------------|
| Pain Practitioner | Quarterly Newsletter | 12-16 pgs | Free |
| Ten Tips for Prescribing | Opioids Prescribing Rules | 4 | Free |
| Opioid Agreement | Prescriber's Agreement | 12 | Free |
| Pain Management: A Practical Guide for Clinicians - 6th Ed. | Presents a complete, state-of-the-art evaluation of multidisciplinary pain diagnosis, treatment and management. Includes contributions from over 100 pain management experts. | | \$275 |
| Prescribing Opioids | Prescribing Opioids, Relieving Patient Suffering and Staying out of Personal Trouble with Regulators | 4 pgs | Available on Web Site |
| Treatment Attestation for Pain Management | This document is very helpful for documenting the authenticity of prospective patients. | 1 pg | Available on Web Site |
| Pain Practitioner | Quarterly Magazine | | Available on Web Site |
| Proper Disposal of Medications | Prescribers often need to dispose of controlled medications. This short article from the KY Board of Medical Licensure reviews best practices for disposing of returned medications from patients, office stocked medications and pharmaceutical samples. | 2 pg | Available on Web Site |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|---------------------------------|--|-----------------------|-----------------------|
| Find a Practitioner | Directory of American Academy of Pain Management Members | Data base on Web Site | Available on Web Site |
| Find an Accredited Pain Program | Directory of AAPM Accredited Pain Facilities | Data base on Web Site | Available on Web Site |

| | | | |
|-------------------------|--|------|--------------------------|
| Patients Bill of Rights | | 1 pg | Available on Web Site |
|-------------------------|--|------|--------------------------|

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Web Site: www.aapainmanage.org



AMERICAN ACADEMY OF PAIN MEDICINE

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|--|--------------------------|---|
| The Use of Opioids for the Treatment of Chronic Pain | Position Statement – addressing misconceptions on opioid use for treatment. | 4 pgs | Shipping (and additional costs for large orders) |
| Consent for Chronic Opioid Therapy | Position Statement – consent form between a patient and physician when prescribing opioids | 2 pgs | Shipping (and additional costs for large orders) |
| The Necessity for Early Evaluation and Treatment of the Chronic Pain Patient | Position Statement – explains the need for early treatment | 1 pg | Shipping (and additional costs for large orders) |
| Long-term Controlled Substances Therapy for Chronic Pain – Sample Agreement | Position Statement – consent agreement between a patient and physician when prescribing | 2 pgs | Shipping (and additional costs for large orders) |
| Definitions Related to the Use of Opioids for the Treatment of Pain | Position Statement – outlining the various terms surrounding opioid treatment | 4 pgs | Shipping (and additional costs for large orders) |
| A Pledge | Position Statement – pledge from medical providers regarding the ethical treatment of pain | 1 pg | Shipping (and additional costs for large orders) |
| A Brief Guide to Pain Medicine Brochure | Brochure includes information on pain, Pain Medicine, pain treatment, pain facts, and organizational information | 4 pg Pamphlet | Shipping (and additional costs for large orders) |
| Pain Medicine Journal | The new official journal of the American Academy of Pain Medicine. | Published 6 times a year | Free to Members. For Non-Members fee based on Subscription Type |
| Pain Medicine Network | A quarterly newsletter that focuses on regional snapshots of Pain Medicine practice updates, liaison reports from other medical societies, and the accomplishments of committees and members | Quarterly Newsletter | See Web Site for further information |
| Acute Pain and Cancer Pain Insert | Insert includes information on patient information, and undertreatment of pain | | \$10 per package (sold in packages of 50) |

| | | | |
|--|----------------------------------|------|-----------------------|
| Basic Principals of Ethics for the Practice of Pain Medicine | Position Statement - Ethics Code | 1 pg | Available on Web Site |
| Acute Pain and Cancer Pain | Position Statement | 1 pg | Available on Web Site |
| Quality Care at the End of Life | Position Statement | 1 pg | Available on Web Site |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|---|---|---------------------|--|
| A Patient's Guide to Pain Medicine Brochure | Brochure includes information on pain, Pain Medicine physicians, benefits of appropriate pain treatment, consequences of mismanaged or undermanaged pain, pain facts and organizational information | 4 pg pamphlet | Shipping (and additional costs for large orders) |

Any of the above materials can be copied and sent to various locations for the cost of shipping. If a large amount of copies are requested, AAPM will charge a nominal fee to cover costs of the project.

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Web Site: www.painmed.org



AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|----------------------------|---------------------|--|
| What is a Physiatrist? | | | Sample copy free Also available on Web Site |
| Low Back Pain Rehabilitation | | | Sample copy free |
| Physical Medicine & Rehabilitation: Diversity in a Profession | | | Sample copy free |
| Your Patients and the Physical Medicine & Rehabilitation Consultation | | | Sample copy free |
| Concepts in Care Brochure for Referring Physicians | | | Sample copy free |
| Concepts in Care Brochures for MCOs | | | Sample copy free |
| The Physiatrist's Guide to Practice Medicine | | | \$275 for non-members |

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Web Site: www.aapmr.org



AMERICAN ALLIANCE OF CANCER PAIN INITIATIVES

Profession and Patient Education Resources Available from the Resource Center of the American Professional

| Title | Summary of contents | Length | Price |
|--|--|---|--|
| Building an Institutional Commitment to Pain Management (Wisconsin Resource Manual, 2 nd edition) | This manual is based on recommendations for institutional change set forth in the Agency for Health Care Policy and Research (AHCPR- now AHRQ) clinical practice guidelines for acute and cancer pain, and the American Pain Society (APS) quality improvement guidelines. It provides a comprehensive plan and a list of resources to assist you to implement those guidelines. You will find suggestions for getting started, a process to follow, and tools you can use and/or adapt to your needs. It includes a CD ROM with the Sample Resource Tools and a Pain Management Quality Improvement Database. A great resource for implementing the new JCAHO pain standards! | ~375 pgs | \$50 |
| Effective Pain Management Practices (Available in VHS & DVD) | The video/DVD set includes: 1. Pain Assessment- Simplifying the Complex; 2. Patient's Fears and Misconceptions About Pain and Opioids; 3. That Extra Pain Medication Didn't Help! What to Do When Your Patient is Getting Opioids, but is Still in Pain; 4. It Isn't Really Pain...Exactly: Treatment of Neuropathic Pain; 5. Managing Opioid Side Effects; 6. Pain Management Patient Education; 7. How to Talk to Doctors About Pain Management. | Each video is 10-15 minutes long DVD includes all titles | Seven video set: \$70 Individual videos: \$12 DVD (all seven titles) \$39.95 |

| | | | |
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| The Post-Operative Pain Management (POP) Quality Improvement Project-In-A-Box | This resource includes the manual, 'Building an Institutional Commitment to Pain Management,' the accompanying CD ROM, a Coordinator's Manual, APS Quality Improvement Guidelines for the Treatment of Acute Pain and Cancer Pain, APS Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain, AHCPR Acute Pain Management in Adults: Operative Procedures, Clinical Practice Guidelines Quick Reference Guide, AHCPR Acute Pain Management in Infants, Children, and Adolescents: Operative and Medical Procedures; AHCPR Pain Control After Surgery: Clinical Practice Guidelines Patient Guide, ASA Practice Guidelines for Acute Pain Management in the Preoperative Setting; chapters from the Comprehensive Accreditation for Hospitals: the Official Handbook (CAMH) by the JCAHO, and more. | | \$250 |
| State Cancer Pain Initiative web pages | List of State Pain Initiatives Contact Persons and Maps of the Status of Pain Initiatives 2005 | Database on Web Site | Available on Web Site |
| Competency Guidelines for Cancer Pain | The competency guidelines for Cancer Pain Management in Nursing education and practice. | 4 pages | Available on Web Site |
| The Handbook of Cancer Pain Management, 5th Edition | This small journal provides health professionals with immediate, treatment-oriented information about diagnosis and management of cancer-related pain. | | \$4 |

We can offer the following for patient education:

| Title | Summary of contents | Length | Price |
|-----------------------------|--|---------------|---|
| Cancer Pain Can Be Relieved | A fifteen-page pamphlet for patients and families. It contains answers to twenty common cancer pain questions. <i>Note: Permission to reproduce/photocopy this resource is granted as long as authorship is maintained.</i> | 15 pages | First copy: free, Additional copies: \$0.50 Available on Web Site |

| | | | |
|--|---|--------|------------------------------------|
| Eight Facts Everyone Should Know | A single page pamphlet covering eight facts everyone should know about cancer pain. <i>Note: Permission to reproduce/photocopy this resource is granted as long as authorship is maintained.</i> | 1 page | \$0.15 Available on Web Site |
| Children's Cancer Pain Can Be Relieved | A guide for Patients and Families | 8 pgs | Available on Web Site |

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Madison, WI 53706
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Fax: (608) 265-4014
Website: www.aacpi.wisc.edu



AMERICAN ASSOCIATION OF COLLEGES OF NURSING

We can offer the following materials for professional education:

| Title | <i>Summary of Contents</i> | <i>Pages/length</i> | <i>Charge</i> |
|--|-----------------------------------|----------------------------|---|
| Access our Publications Catalog and other professional publications/papers regarding all aspects of the nursing profession at our website. | Various | Various | See Order Form listed on Web Site www.aacn.nche.edu |

Contact info:

Contact: American Association of Colleges of Nursing
Address: One Dupont Circle, NW, Suite 530, Washington, DC 20036
Phone: 202-463-6930
Web Site: www.aacn.nche.edu



AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE

The American Association of Colleges of Osteopathic Medicine (AACOM), founded in 1898, exists to lend support and assistance to the nation's 20 osteopathic medical schools. Having grown from a handful of college administrators a century ago, the organization today represents the administration, faculty and students of its member colleges in the United States. The association, guided by its Board of Deans, Assembly of Presidents, and various other councils and committees, is actively involved in all areas of osteopathic medical education.

Contact info:

Web Site: www.aacom.org

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AMERICAN ASSOCIATION OF REHABILITATION NURSES

We can offer the following materials for professional education:

| Title | <i>Summary of Contents</i> | <i>Pages/length</i> | <i>Charge?</i> |
|--------------------------------|--|----------------------------|--|
| Rehabilitation Nursing Journal | Provides up-to-date information on a broad spectrum of rehabilitation nursing topics | One Year Subscription | Free to Members, \$105 for Non Members, \$160 Institutions |
| ARN Network | Informs members about the latest professional and organizational news | Published 6 times a year | Free to Members |

Contact info:

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 Fax 877-734-9384
 E-mail: info@rehabnurse.org
 Web Site: <http://www.rehabnurse.org/>



AMERICAN BACK SOCIETY

We can offer the following materials for professional education:

| Title | <i>Summary of Contents</i> | <i>Pages/length</i> | <i>Charge?</i> |
|----------------|---|----------------------------|----------------------------------|
| ABS Newsletter | A quarterly publication for Back Care Professionals | 20 to 30 pages | \$62.50 per year for non-members |

Contact info:

Contact: American Back Society

Name: Candy Lau

Address: 2647 International Boulevard, #401, Oakland, CA 94601

Phone: 510-536-9929, Fax : 510-536-1812

Email: info@americanbacksoc.org

Web Site: www.americanbacksoc.org



AMERICAN CANCER SOCIETY

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|---|--------------|--|
| Oncologia Clinica | Spanish translation of the American Cancer Society's updated and significantly revised textbook | Book | \$34.95 (all domestic shipping included) |
| Brain Cancer (ACS Atlas of Clinical Oncology Series) | This volume offers an expert overview of all brain tumors | Book | \$179.00 |
| Soft Tissue Sarcomas (ACS Atlas of Clinical Oncology Series) | This book offers an expert overview of soft tissue sarcomas, discussing diagnosis and staging, surgical approaches, radiation therapy, chemotherapy, and much more. | Book | \$160.00 |

+ THIS IS ONLY A SMALL SAMPLE OF PUBLICATIONS AVAILABLE; PLEASE VISIT THE WEBSITE FOR AN EXTENSIVE LIST OF PROFESSIONAL BOOKS AVAILABLE.
http://www.cancer.org/docroot/PUB/PUB_0.asp

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|---|--|--------------|--|
| ACS's Guide to Pain Control | Get relief from pain and regain control of your life | Book | \$15.95 (all domestic shipping included) |
| Cancer: What Causes It, What Doesn't | Dispels rumors and explains real cancer risks | Book | \$12.95 |
| Eating Well, Staying Well During and After Cancer | A friendly and practical handbook filled with sound advice for people with cancer, their loved ones & caregivers | Book | \$15.95 |
| A Breast Cancer Journey | An indispensable guide through the physical and emotional aspects of the breast cancer experience | Book | \$15.95 |

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| Caregiving | An essential reference for the family caregiver | Book | \$14.95 |
| Cancer in the Family | Helpful and effective coping tools for parents and children | Book | \$15.95 |
| Crossing Divides | Inspirational story! Human Spirit Prevails Over Adversity | Book | \$19.95 |

+ THIS IS ONLY A SMALL SAMPLE OF PUBLICATIONS AVAILABLE; PLEASE VISIT THE WEBSITE FOR AN EXTENSIVE LIST OF AVAILABLE BOOKS FOR PATIENTS AND FAMILIES.

http://www.cancer.org/docroot/PUB/PUB_0.asp

Contact info:

Name: The American Cancer Society

Phone: National Cancer Information Center: Trained cancer information specialists are always available 24 hours a day, 7 days a week by calling 1-800-ACS-2345.

Email: Access on website


Web Site : www.cancer.org



AMERICAN CHRONIC PAIN ASSOCIATION

We can offer the following materials for professional education and use:

| Title | Summary of Contents | Pages/length | Charge |
|---|---|--------------|--------------------------|
| American Chronic Pain Association Help and Hope | Pamphlet that provides overview of who we are, skills helpful in managing pain, what we have learned. | trifold | Up to 25 free |
| Coping With Chronic Pain: Helpful Advice from the American Chronic Pain Association | Provides an overview of the ACPA Ten Steps From Patient to Person | trifold | Up to 25 free |
| <i>Pathways Through Pain: Accepting the Pain</i> Video | The first video in a series, <i>Pathways Through Pain: Accepting the Pain</i> focuses on the first-person accounts of ACPA members who have learned to manage their pain and regain control and quality in their lives through American Chronic Pain Association programs. The video will help to empower people, reduce isolation, and, by introducing basic principles of pain management, may help them to improve their level of functioning. The video provides a wonderfully positive look into the lives of people who are <u>living</u> with pain | 20 minutes | \$25 - VHS \$35 - DVD |
| <i>Pathways Through Pain: Getting Involved</i> Video | The second of the series, <i>Pathways Through Pain</i> , this video draws on the personal experiences of people with pain to explore how becoming involved in your own care, learning about your health condition, and reengaging with family and friends can help individuals continue to move from patient to person and reduce their sense of suffering. | 15 minutes | \$25 - VHS \$35 - DVD |

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|--|---|------------|---|
| Ten Steps From Patient to Person Video | The video, featuring Penney Cowan, founder of the ACPA, discusses the value of a multidisciplinary pain management program and what is necessary to maintain "wellness" long term. She also presents the ten steps necessary to move from patient to person | 22 minutes | \$25 |
| <i>ACPA Family Manual</i> | Chronic pain is a family affair. Members of the family must deal with their own "pain" and stress resulting from the circumstances. The ACPA Family Manual can help family members manage lifestyle changes and difficulties due to living with a person in chronic pain and begin to rebuild a mutually supportive family unit. | 149 pages | \$25 |
| <i>The ACPA Chronicle</i> | The <i>ACPA Chronicle</i> is a quarterly newsletter produced by the members of the American Chronic Pain Association. Each issue features a listing of new ACPA chapters established in that quarter, useful coping skills in pain management, inspiring and insightful articles by the members of the ACPA, book reports, and important information about the ACPA. The ACPA | 16 pages | Sample free \$15 annually |
| <i>ACPA Medication Supplement 2005</i> | | 46 pages | Free download on www.theacpa.org |
| Growing Pains | Growing Pains is a support group for adolescents challenged by chronic illness. For more information on Growing Pains, please refer to the article below and the attached brochure. | |  |


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|-------------------------------------|--|--|--|
| Neuropathic Pain Awareness Campaign | Neuropathic pain - otherwise known as nerve pain - is a type of chronic pain that occurs when nerves in the central nervous system become injured or damaged. If you or someone you care about has nerve pain, you know that it can erode quality of life. Visit the Web Site www.ittakesnerve.org to learn more about nerve pain. The Web Site also contains very useful tools which can help you understand more about nerve pain, prepare to make the most of your doctor visits, and find resources you can use to begin to regain your quality of life. | | www.ittakesnerve.org |
|-------------------------------------|--|--|--|

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|---|--|---------------------|---|
| American Chronic Pain Association Help and Hope | Pamphlet that provides overview of who we are, skills helpful in managing pain, what we have learned. | trifold | Up to 25 free |
| Coping With Chronic Pain: Helpful Advice from the American Chronic Pain Association | Provides an overview of the ACPA Ten Steps From Patient to Person | trifold | Up to 25 free |
| <i>ACPA Medication Supplement 2005</i> | | 46 pages | Free download on www.theacpa.org |
| <i>From Patient to Person: First Steps</i> | Begin your journey from patient to person with this 190-page workbook designed to help anyone who has a chronic pain problem gain an understanding of how to cope with the problems that their pain creates. | 199 pages | \$25 |

| | | | |
|---|---|-----------|-------------------------------|
| <i>The ACPA Chronicle</i> | The <i>ACPA Chronicle</i> is a quarterly newsletter produced by the members of the American Chronic Pain Association. Each issue features a listing of new ACPA chapters established in that quarter, useful coping skills in pain management, inspiring and insightful articles by the members of the ACPA, book reports, and important information about the ACPA. The ACPA | 16 pages | Sample free \$15 annually |
| <i>Staying Well: Advanced Pain Management for ACPA Members</i> | This workbook is designed for those who have a working knowledge of the basics of pain management. This workbook provides additional skills necessary to continue to move forward in the journey to wellness | 153 pages | \$20 |
| <i>ACPA Facilitator Guide</i> and materials | This guide will aid you and others in your community organize an ACPA chapter. The manual contains how-to information on organizing an ACPA chapter, sharing responsibility for the group with others, finding a meeting place, conducting the first meeting, and generating public interest in your area. You must be an ACPA member to purchase this manual. | 99 pages | \$7, must be a member of ACPA |
| <i>ACPA Family Manual</i> | Chronic pain is a family affair. Members of the family must deal with their own "pain" and stress resulting from the circumstances. The ACPA Family Manual can help family members manage lifestyle changes and difficulties due to living with a person in chronic pain and begin to rebuild a mutually supportive family unit | 149 pages | \$25 |
| <i>Reflections of You: Personal Journal and Medication Book</i> | Reflections of You" is a daily meditation and personal journal which offers positive and motivating thoughts to stimulate your thinking and challenge you to personal growth. Your daily entries in the journal will help you track your progress and show when you have reached your personal goals. The book is spiral bound for ease in making daily entries into the journal. | 366 pages | \$25 |

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|---|--|--|-----------------------|
| <i>ACPA Kits for Wellness</i> | <p>With the growing need of many ACPA members to have additional materials that will help them progress in their understanding of pain management, a new series of educational materials is available. Each kit focuses on one area of pain management and allows members to work either with an ACPA group or independently. The new kits are filled with worksheets designed to create awareness and understanding of the role the person with pain must assume. The kits are:</p> <p>Kit One - Understanding Chronic Pain: At the Time of Diagnosis \$3.30</p> <p>Kit Two - Accepting the Pain \$2.90</p> <p>Kit Three - Getting Involved \$4.20</p> <p>Kit Four - Priorities \$3.40</p> <p>Kit Five - Setting and Evaluating Personal Goals \$4.20</p> <p>Kit Six - Your Basic Rights \$7.30</p> | | |
| <i>ACPA Coping Calendar 2005</i> | A useful tool in your continued quest as you make the transition from patient to person, the calendar highlights a basic coping skill each month. Throughout the month there are daily reminders related to that month's skill. Perfect for gift giving! | | \$10 |
| <i>Pain Relief and Breath Relaxation</i> tape or CD | <p>Part 1, Pain Relief, is designed to create a state of deep relaxation. It is also capable of producing a significant reduction in the amount of discomfort one feels.</p> <p>Part 2, Breath Relaxation is designed to teach ways to focus awareness on your breathing. Learning to control your breathing can often help reduce anxiety and enhance relaxation.</p> | | CD \$15 Tapes \$10 |
| <i>Autogenic Relaxation and General Relaxation</i> tape or CD | <p>Side one, Autogenic Relaxation or "self control training" uses repetition of key phrases and images to facilitate feelings of relaxation and calm.</p> <p>Side two, "General Relaxation", is designed for deep relaxation. To promote a growing sense of peace in both your mind and body</p> | | CD \$15 Tapes \$10 |

| | | | |
|-------------------------------------|--|--|---|
| Growing Pains | Growing Pains is a support group for adolescents challenged by chronic illness. For more information on Growing Pains, please refer to the article below and the attached brochure. | |  |
| Neuropathic Pain Awareness Campaign | Neuropathic pain - otherwise known as nerve pain - is a type of chronic pain that occurs when nerves in the central nervous system become injured or damaged. If you or someone you care about has nerve pain, you know that it can erode quality of life. Visit the Web Site www.ittakesnerve.org to learn more about nerve pain. The Web Site also contains very useful tools which can help you understand more about nerve pain, prepare to make the most of your doctor visits, and find resources you can use to begin to regain your quality of life. | | www.ittakesnerve.org |

Contact info:

Contact: American Chronic Pain Association
Address: Post Office Box 850, Rocklin, CA 95677
Phone: 916-632-0922
Email: www.acpa@pacbell.net
Web Site: www.theacpa.org

ACPA Reaches Out to Youngsters with Pain

The constant threat of physical pain is difficult for anyone to deal with, but particularly so for young adults. To help adolescent learn to cope with their pain, the ACPA is forming a support group for children and teenagers in chronic pain. Maggie Chesnut, age 16, from New York State, has offered to be the group coordinator.

Maggie believes that chronically ill youth need a forum to express themselves and share information. Any young person who wants to learn to stay mentally and physically healthy, and teach others to understand disease, can join this youth community and contact Maggie at:

Maggie Chesnut
P.O. Box 344
Putnam Valley, NY 10579
GrowingPains@optonline.net

Painful Childhood Motivates Teen

by Maggie Chesnut

High school is hard enough without the added pressure of pain. Sometimes adolescence feels like a cyclone of uncertainty that eventually dumps us at age twenty without asking once how we feel about it.

During this time, every teen confronts change, a desire for acceptance, and tries to discover who he or she is. Faced with an environment that expects perfection, adolescents are bombarded with stress. The perpetual threat of pain only adds to the difficulty of demands and expectations.

I am an average teenager in an average town. Like everyone else, I complain that there is nothing to do on the weekends, occasionally fight with my parents, and try to get the best grades I can. The one thing that sets me apart is that I am chronically ill.

I was diagnosed with celiac disease when I was 14. Although I began feeling sick when I was in the second grade, it took 7 years for the doctors to figure out why I was experiencing scattered attacks of

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intestinal cramping. I remember feeling like someone was wrapping their fingers around my gut and yanking it in different directions. Confused and misdiagnosed, I suffered the additional hardship of having my teachers yell at me in front of the class for taking too long in the bathroom.

I couldn't tell my friends about what I was experiencing, for fear they would find it disgusting. I dreaded long car trips and being away from home. Hugging my knees on the bathroom floor, I felt as if I was the only one who had to go through such pain.

When I was nine or ten, I learned to separate my mind from my body in an attempt to ignore the burning in my abdomen. I tried to accept that this was just how I was born, and that I would always hurt.

After doctors attempted to label my pain as lactose intolerance, irritable bowel, and parasites, I had a colonoscopy and gastroscopy, which showed that my lower intestines were balding, the villi eaten away by my own body. I was relieved to put a name to my tormentor, until I learned of the cure—giving up the gluten that had tortured me for seven years.

I became depressed when I realized the vast list of forbidden foods that contained gluten. “How could a cupcake be my enemy?” I wondered as I read the pages of things I could no longer eat. Wheat, barley, and rye seemed to be in everything. No pancakes, sandwiches, pasta, Thanksgiving stuffing, or birthday cake. My dreams of a college diet of beer and pizza slipped away.

I didn't know how to voice what I was feeling. I was so grateful to have a solution to a problem that had dominated my life, but I was also conflicted and feeling sorry for myself. I tried to explain it to one of my close friends, but she found it funny and couldn't understand. I felt isolated, defective and furious at the world.

Slowly, I began to accept that celiac disease would always be a part of me. I tried to be more open about it and learned that many of my peers had different diseases—from scoliosis to irritable bowel syndrome. After I became more vocal and open, I realized that it was not my personal affliction that made me unique, but my willingness to talk about it, which is rare among teens. I decided I would like to encourage more teens to learn about the discuss diseases with each other.

My current diet avoids all wheat, rye and barley. I eat a lot of meat, yogurt, cheese, Japanese food, and I love flan and Mexican food. I just try to keep a balanced diet, but it doesn't usually work. I have become a master at reading ingredient lists and nutrition labels, so I can recognize ingredients that will make me sick. I can't eat school lunches, as many of the meats are loaded with wheat fillers.

At pizza parties I order a salad. Salad is one of many foods that that I rarely ate before I was diagnosed, but my restricted diet has actually made me try a lot of new things and experiment more.

I am no longer sick every day the way I was before I was diagnosed. I still get sick every once in a while if I misread a label or something slips into my food, but the pain is occasional and much more manageable.

I also started talking to people and reading about my disease. I find that learning about myself and being able to explain what I am going through helped me to cope and feel better. I went to meetings of the Westchester Celiac Support Group, where I could taste gluten free food samples and hear researchers talk about new developments.

Gradually I began to feel like a part of a community, and saw that I wasn't the only person with celiac disease, and certainly not the only chronically ill person.

I know there are other children and adolescents who need acceptance and understanding so they build their self-confidence to deal with their pain. This is why I would like to start a support network of chronically ill peers to educate and communicate with one another. By learning about their illness, and talking to others who appreciate their problems, they will know they are not alone.



AMERICAN NURSES ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|----------------------------|---------------------|----------------|
| From the website access nursesbooks.org for the online book store serving ALL nurses. | Various | Various | See Book Store |

The American Nurses Association is a full-service professional organization representing the nation's 2.6 million Registered Nurses through its 54 constituent state associations and 10 organizational affiliate members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Contact info:

Name: American Nurses Association

Address: 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910

Phone: 1-800-274-4ANA

Web Site: www.ana.org



AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

The American Occupational Therapy Association advances the quality, availability, use, and support of occupational therapy through standard-setting, advocacy, education, and research on behalf of its members and the public.

Contact info:

Name: The American Occupational Therapy Association, Inc.

Address: 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220

Phone: 301-652-2682

Web Site: www.aota.org



AMERICAN PAIN FOUNDATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|------------------------------------|------------------------------------|--------------|-------------------------|
| Power Over Pain | Community Action Kit & Media Guide | 100 | Shipping charge of \$15 |
| Pain Monitor & Pain Community News | Newsletters | | Available on Web Site |
| Target Chronic Pain | Pocket Card | | Available on Web Site |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|----------------------------|----------------------------|-----------------|-----------------------|
| Finding Help for Your Pain | Guide to getting treatment | 16 page booklet | Available on Web Site |
| Pain Action Guide | Pain Information | 12 page booklet | Available on Web Site |
| Bill of Rights | Rights of Pain Patient | 1 card | Free on Web Site |
| Bill of Rights in Spanish | Rights of Pain Patient | 1 card | Free on Web Site |
| Bill of Rights in Chinese | Rights of Pain Patient | 1 card | Free on Web Site |

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|--------------------------|---|--------------------|------------------|
| Pain Information Library | The information on this website is provided to help users find answers and support. | Web Site reference | Free on Web Site |
| Pain Notebook | Tool to assist in communication with a Healthcare Provider. | 24 pages | Free on Web Site |

Contact info:

Contact: Education Department

Name: American Pain Foundation

Address: 201 North Charles Street, Suite 710, Baltimore, MD 21201-4111

Phone: 888-615-7246

Email: info@painfoundation.org

Web Site: www.painfoundation.org



AMERICAN PAIN SOCIETY

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|-----------------------------------|------------------------|---|
| The Use of Opioids for the Treatment of Chronic Pain | Position and Consensus Statements | 2-4 pages 8 ½ by 11 | (<25 – no charge) 25+ 20cents each Also available on web site |
| Promoting Pain Relief and Preventing Abuse of Pain Medication: A Critical Balancing Act | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| The Assessment and Management of Acute Pain in Infants, Children, and Adolescents | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| Definitions Related to the Use of Opioids for the Treatment of Pain | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| Pediatric Chronic Pain; A Position Statement from the American Pain Society | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |

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|--|-----------------------------------|-----------|---|
| Pain Care Coalition | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| Weekly Washington Wire On Health Care Issues | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each |
| Healthcare Policy Statement | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| Pain Assessment and Treatment in the Managed Care Environment | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| How to Use the APS Position Statement: Pain Assessment and Treatment in the Managed Care Environment | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| Quality Improvement Guidelines for the Treatment of Acute Pain and Cancer Pain | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each |
| Treatment of Pain at the End of Life | Position and Consensus Statements | 2-4 pages | (<25 – no charge) 25+ 20cents each Also available on web site |
| Public Policy Statement on the Rights and Responsibilities of Healthcare Professionals in the use of Opioids for the Treatment of Pain | Position and Consensus Statements | 2-4 pages | Available on web site |

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|---|-----------------------------------|-----------|-----------------------|
| APS Position Statement on the Use of Placebos in Pain Management, 2005 | Position and Consensus Statements | 3 pages | Available on web site |
| The Use of 'As Needed' Range Orders for Opioid Analgesics in the Management of Acute Pain | Position and Consensus Statements | 2-4 pages | Available on web site |
| Pain: The Fifth Vital Sign | Position and Consensus Statements | 1 page | Available on web site |

Contact info:

Contact: Member Services
Name: American Pain Society Email
Address: 4700 W Lake Ave., Glenview, Illinois 60025-1485
Phone: 847-375-4715 Fax: 887-734-8758
Email: info@ampainsoc.org
Web Site: www.ampainsoc.org



AMERICAN PHARMACISTS ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|--|--|--|
| Controlled Substance Prescriptions and Pain Management: Striking a Balance Developed by the APhA and supported by an educational grant from Purdue Pharma.LP CE Expiration date: June 20,2007 | <ul style="list-style-type: none"> • ACPE accredited 2-hour online interactive (audio and text) program provides 2 hours of continuing education credit for pharmacists • Explores the issues of pain management and substance abuse in the United States • Reviews national pain guidelines and regulations governing controlled substances • Reviews signs of fraud • Describes appropriate actions to take when questionable prescription is encountered • Discusses legal cases that illustrate the professional responsibilities of pharmacists in regard to controlled substance prescriptions | Available online at www.pharmacist.com | APhA Members- no charge Non-Members- \$10 |
| Profiles in Pain Management: A Compendium of Articles from <i>Pharmacy Today</i> Developed by the APhA and supported by an educational grant from Purdue Pharma.LP CE Expiration date: Mar 31, 2007 | <ul style="list-style-type: none"> • ACPE accredited 2-hour online program provides 2 hours of continuing education credit for pharmacists • Consists of "Profiles in Pain Management" articles from June 2000 to December 2002 <i>Pharmacy Today</i>, APhA's monthly publication. • Covers variety of topics including the undertreatment of pain, the misuse and abuse of opioid analgesics, and current topics in pain management | Available online at www.pharmacist.com | APhA Members- no charge Non-Members- \$10 |

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|---|---|--|--|
| Pharmacists' Responsibilities in Managing Opioids: A Resource Developed by the APhA and supported by an educational grant from Purdue Pharma.LP CE Expiration date: Dec 31, 2005 | <ul style="list-style-type: none"> • ACPE accredited 2-hour online program provides 2 hours of continuing education credit for pharmacists • Reviews the regulatory and legal responsibilities of pharmacists and controlled substance prescriptions • Provides tools and resources to help distinguish appropriate pain management from diversion and abuse • Reviews barriers to opioid use | Available online at www.pharmacist.com | APhA Members- no charge Non-Members- \$10 |
| Implementing Pain Management Services in Pharmacy Practice Developed by the APhA and supported by an educational grant from Purdue Pharma.LP CE Expiration date: Dec 19, 2007 | <ul style="list-style-type: none"> • ACPE accredited 2-hour online program provides 2 hours of continuing education credit for pharmacists • Reviews the value of pain management pharmaceutical care services • Provides tools and resources for implementing pain management services • Profiles various model pharmacy pain management settings | Available online at www.pharmacist.com | APhA Members- no charge Non-Members- \$10 |
| On-line Pain Management Library at www.pharmacist.com | This library contains the latest resources to support pharmacists and educators in providing appropriate pain management information. Whether you are faculty at a school of pharmacy, a preceptor, or a practitioner, this source of information and teaching tools will educate you, your students and colleagues. Throughout the year, this site will grow with new educational pieces, slide presentations, and interactive tools focusing on the legal, clinical, business and patient's perspective aspects of pain management. | Available online at www.pharmacist.com | Free To learn more, visit http://www.pharmacist.com/pain_management/pmp.cfm |

| | | | |
|--|---|----|------------------------------------|
| NEW! CE Monograph- A Pharmacist's Guide to the Clinical Assessment and Management of Pain (4.0 hours of CE credit) featured in the online pain management library at www.pharmacist.com | This continuing education monograph discusses the appropriate assessment and diagnosis of pain, describes the appropriate pharmacologic and nonpharmacologic strategies, explains opioid dosage conversions between medications and routes of administration, and discusses pharmacotherapeutic considerations for special patient populations, including patients with renal, hepatic, or other conditions. This monograph is available online at www.pharmacist.com CE center. | 45 | Free online access |
| APhA Foundation- Incentive Grants in Pain Management at www.aphafoundation.org | Apply to receive \$1000 grant funding to do an innovative project in pain management in your pharmacy practice. The completed application is due first week in October. For more information, call 202-429-7565, email info@aphafoundation.org , or visit www.aphafoundation.org . | | Application due October 2005 |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|---|--|--|------------------|
| Patient Education Brochure "Your Pain CAN Be Managed" | Mentions prevalence of pain and provides strategies and hints for persons with pain to find the right healthcare team and how to work with the right healthcare team. Also briefly reviews medication classes and distinguishes between pain management terminologies: addiction, tolerance, physical dependence. In addition, A list of resources is provided at the end. | Available at www.aphanet.org under "Public Relations and Media" tab and then "Patient Education Brochures" | Free for public. |
| APhA Rx Media Advisors- Pain Management | Group of 10 highly qualified and media trained pharmacists will be available through APhA public relations department to answer any media questions about pharmacy practice issues and patient care issues facing pain management, and safe and proper medication use. | Inquiries can be sent to APhA public relations department at TGreene@APha net.org . | No Charge |
| Softbound Textbook "Public Relations for Pharmacists" | Excellent resource for practical timely essential information on public relations for pharmacists | Order online at APhA's bookstore on www.pharmacist. com | Price: \$31 |

Contact info:

Contact: American Pharmacists Association

Name: Manina Singh, PharmD

Address: 2215 Constitution Avenue, NW

Washington, DC 20037-2985

Phone: 202-429-7521

Email: msingh@aphanet.org

Web Site: www.aphanet.org



AMERICAN PHYSICAL THERAPY ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Charge? |
|------------------|---|-----------------------|
| Physical Therapy | Journal covering the full scope of physical therapist practice. | Available on Web Site |

Contact info:

Contact: American Physical Therapy Association

Address: 1111 North Fairfax Street, Alexandria, VA 22314-1488

Phone: 703-684-APTA (2782), 800-999-2782, 703-683-6748 (TDD), 703-684-7343 (fax)

Web Site: www.apta.org



AMERICAN PUBLIC HEALTH ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|---|--|--------------|--------------|
| APHA's Publications Catalog is available to download from the website | The APHA Bookstore (access on website) is the largest collection of public health books on the World Wide Web. See categories at the website including how to order. | Various | See Web Site |
| APHA Literature Review Service | APHA Literature Review Service is FREE to APHA members and is a complete book and Medline review service that delivers article and book reviews in your discipline or field. In addition, the Service now includes a time-saving new information database where you can have instant access to the article of interest to you from the more than 8,000 Journal articles posted each week. APHA members receive a free 60-day trial of this new additional service. | | |

Contact info:

Contact: American Public Health Association
Address: 800 I Street N.W., Washington, DC 20001-3710
Phone: 202-777-APHA, Fax : (202) 777-2534
e-mail: comments@apha.org
Web Site: www.apha.org



AMERICAN RSD HOPE GROUP

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|---------------|--|--------------|--------------------------------------|
| Packet – RSDS | Basic information on Reflex Sympathetic Dystrophy Syndrome | 40 | Free Available on the Web Site |

Contact info:

Contact: American RSDHope Group
Address: Post Office Box 875, Harrison, ME 04040-0875
Phone: 207-799-8056
Web Site: www.rsdhope.org



AMERICAN REHABILITATION NURSES

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|------------------------------------|---------------------|--------------|--------|
| ARN Professional Resources Catalog | | | Free |
| ARN Conference Brochure | | | Free |
| ARN Role Descriptions | | | Free |
| CRRN Certification Handbook | | | Free |

Contact info:

Contact: American Rehabilitation Nurses
 Name: Angie Forbes
 Address: 4700 West Lake Avenue, Glenview, IL 60025-1485
 Phone: 847-375-4760
 Email: aforbes@amctec.com
 Web Site: www.rehabnurse.org



AMERICAN SLEEP APNEA ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|---|--------------|--|
| Get the Facts About Sleep Apnea | Describes disorder and the consequences of untreated sleep apnea, includes "Snore Score" to help people recognize sleep apnea | Brochure | Free Also available on the Web Site |
| Resources for Employment Concerns | Self-explanatory | Brochure | Free |
| Sleep Apnea & Same-Day Surgery | Self-explanatory | Brochure | Free Also available on the Web Site |
| Sleep Apnea: Is Your Patient at Risk? | For primary care physicians on recognizing sleep apnea, explains diagnosis & treatment options as well as risk factors | Booklet | Free |
| Treatment Options for Adults with Obstructive Sleep Apnea | Self-explanatory | Brochure | Free Also available on the Web Site |
| Back Issues/Re-prints of <i>Wake Up Call</i> The Wellness Letter for Snoring & Apnea | See Website for available titles and how to order | Newsletter | Re-prints are \$2.00 per copy Back issues are \$5.00 per copy |
| See the Web Site for additional publications | | | |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|---------------------------------|---|--------------|-----------------------------------|
| Get the Facts About Sleep Apnea | Describes disorder and the consequences of untreated sleep apnea, includes "Snore Score" to help people recognize sleep apnea | Brochure | Free Available on the Web Site |
| Sleep Apnea & Same-Day Surgery | Self-explanatory | Brochure | Free Available on the Web Site |

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|--|---|------------|--|
| Treatment Options for Adults with Obstructive Sleep Apnea | Self-explanatory | Brochure | Free Available on the Web Site |
| Being Evaluated for Sleep Apnea | Explains steps to take if you suspect you have sleep apnea and ways to find a doctor and a testing facility | Brochure | Free Available on the Web Site |
| Considering Surgery for OSA | Self-explanatory | Brochure | Free Available on the Web Site |
| Considering Surgery for Snoring | Self-explanatory | Brochure | Free Available on the Web Site |
| Having Your Child Evaluated for Obstructive Sleep Apnea | Information on sleep apnea and disability | Packet | Free Available on the Web Site |
| Back Issues/Re-prints of <i>Wake Up Call</i> The Wellness Letter for Snoring & Apnea | See Website for available titles and how to order | Newsletter | Re-prints are \$2.00 per copy Back issues are \$5.00 per copy |
| See the Web Site for additional publications | | | |

Contact info:

Name: American Sleep Apnea Association
Address: 1424 K Street NW, Suite 302 Washington, DC 20005
Phone: 202-293-3650 Fax: 202-293-3656
Email: asaa@sleepapnea.org
Web Site: www.sleepapnea.org



AMERICAN SOCIETY OF LAW, MEDICINE & ETHICS

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|---|---------------------|--|
| ASLME publishes two quarterly journals; The Journal of Medicine & Ethics, The American Journal of Law & Medicine | Journals are intended to inform health care professionals about issues affecting the practice of medicine. Journal readership includes attorneys, physicians, nurses, ethicists, educators, hospital and public administrators, risk managers, pharmacists, social workers and students | Various | Free to Full Members See Web Site for Costs to non-memb and additional publications |

Contact info:

Name: American Society of Law, Medicine & Ethics
Address: 765 Commonwealth Avenue, Suite 1634, Boston, MA 02215
Phone: 617-262-4990 Fax : 617-437-7596
E-mail: info@aslme.org
Web Site: www.aslme.org



AMERICAN SOCIETY OF PAIN MANAGEMENT NURSES

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|--|------------------------------------|--------------------------------------|
| Geriatric Pain Assessment:: Self Learning Module | Developed primarily for nurses caring for geriatric patients who suffer from acute, chronic, cancer pain in a variety of practice settings. | 36 pages plus a pre and post test | Member \$20 Non-member \$30 |
| Intravenous Patient-Controlled Analgesia for Acute Pain Management: Self Learning Module | Content of this learning module was developed primarily for clinical nurses who care for patients receiving IV PCA for acute pain management | 36 pages plus a pre and post test | Member \$30 Non-member \$40 |
| Self-Directed Learning Program: Epidural Analgesia for Acute Pain Management | Content of this learning program was developed primarily for staff nurses who care for adult patients receiving epidural analgesia for acute pain. | 121 plus a pre & post test booklet | Member \$35 Non-member \$60 |
| Standards of Clinical Practice for the Specialty of Pain Management Nursing | These Standards are divided into two sections: Standards of Care and Standards of Professional Performance. These standards address the role of the nurse whose specialty practice is pain management | 29 pages | Member \$9.95 Non-member \$12.95 |
| Standards of Clinical Nursing Practice for Pain Management | These Standards are divided into two sections: Standards of Care and Standards of Professional Performance. These Standards are intended for the nurse generalist to provide direction and framework for pain care practice. | 49 pages | Member \$14.95 Non-member \$16.95 |

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| Ethical, Legal, and Legislative Issues in Pain Management | Keeping abreast of ethical, legal, and legislative issues in pain management will help nurses continue to excel in their role of primary pain managers. | 79 pages | Member \$30 Non-member \$40 |
| Palliative and End-of-Life Pain Management | This is designed to help the nurse manage pain commonly experienced by patients with advanced illness or terminal conditions. | 41 pages | Member \$30 Non-member \$40 |
| ASPMN Position Statement: On Assisted Suicide | Position Statement | 2 pages | No Charge www.aspmn.org |
| ASPMN Position Statement: On End of Life Care | Position Statement | 2 pages | No Charge www.aspmn.org |
| ASPMN Position Statement: Neonatal Circumcision Pain Relief | Position Statement | 2 pages | No Charge www.aspmn.org |
| ASPMN Position Statement: Use of Placebos for Pain Management | Position Statement | 2 pages | No Charge www.aspmn.org |
| ASPMN Position Statement: Pain Management in Patients with Addictive Disease | Position Statement | 5 pages | No Charge www.aspmn.org |

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|---|--------------------|--------|---|
| The use of 'As-Needed' Range Orders for Opioid Analgesics in the Management of Acute Pain | Position Statement | 1 page | No Charge www.aspmn.org |
| Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act | Position Statement | 1 page | No Charge www.aspmn.org |

Contact info:

Contact: American Society of Pain Management Nurses

Name: Member Services

Address: 7794 Grow Drive, Pensacola, FL 32514

Phone: 850-473-0233 Toll Free: 888-342-7766 Fax: 850.484.8762

Email: aspmn@puetzamc.com

Web Site: www.aspmn.org



AMERICAN SOCIETY OF PERIANESTHESIA NURSES

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|---|---------------------|--------------------------------|
| Pain Management Imperatives #81 | Presented by: Vallire Hooper, MSN, RN, CAPA & Kathleen Miller, MSN, RN, CPAN | 1 VHS Video | \$154.00 |
| Anatomy, Physiology, and Pharmacology #82 | Presented by: Vallire Hooper, MSN, RN, CAPA & Kathleen Miller, MSN, RN, CPAN | 1 VHS Video | \$154.00 |
| Pain Assessment in the PeriAnesthesia Setting #83 | Presented by: Vallire Hooper, MSN, RN, CAPA & Kathleen Miller, MSN, RN, CPAN | 1 VHS Video | \$154.00 |
| Acute Pain #84 | Presented by: Vallire Hooper, MSN, RN, CAPA & Kathleen Miller, MSN, RN, CPAN | 1 VHS Video | \$154.00 |
| Chronic Pain #85 | Presented by: Vallire Hooper, MSN, RN, CAPA & Kathleen Miller, MSN, RN, CPAN | 1 VHS Video | \$154.00 |
| Complete Series Numbers 81 – 85 | Presented by: Vallire Hooper, MSN, RN, CAPA & Kathleen Miller, MSN, RN, CPAN 9.3 Contact Hours Available | 5 VHS Videos | \$375.00 |
| ASPAN Pain and Comfort Resource Manual | Comprehensive guideline for assessing and treating patient pain and comfort. | | Member \$50 Non-Member \$55 |

Contact info:

Contact: American Society of PeriAnesthesia Nurses (ASPAN)

Name: Diane Bradley

Address: 10 Melrose Ave.* Suite 110 * Cherry Hill, New Jersey 08003

Phone: 856-616-9600 x16, 877-737-9696 Fax: 856-616-9601

Email: aspan@aspan.org

Web Site: www.aspan.org

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ARTHRITIS FOUNDATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|---|---|--------------|-----------------------------------|
| <i>Arthritis Today</i> | Latest news about arthritis care, treatments and research | Magazine | \$12.95 \$18.95 Canada |
| 2005 Drug Guide | Reference to learn about the medications you are currently taking, newly approved drugs or drugs you would simply like to know more about | Booklet | Free Available on the Web Site |
| Additional Books & Booklets covering: Family & Relationships, Disease Specific, Exercise & Health, Medications, Treatments & Therapies plus many other categories available on the Web Site | | | |

We can offer the following materials for patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|---|--------------|-------------------------------|
| <i>Arthritis Today</i> | Latest news about arthritis care, treatments and research | Magazine | \$12.95 \$18.95 Canada |
| 2005 Drug Guide | Reference to learn about the medications you are currently taking, newly approved drugs or drugs you would simply like to know more about | Booklet | Free Available on web site |
| Additional Books & Booklets covering: Family & Relationships, Disease Specific, Exercise & Health, Medications, Treatments & Therapies plus many other categories available on the website | | | |

Contact info:

Contact: Arthritis Foundation
Address: PO Box 7669, Atlanta, GA 30357-0669
Phone: 1-800-568-4045
Web Site: www.arthritis.org



**BAYLOR COLLEGE OF MEDICINE DEPARTMENT OF PHYSICAL MEDICINE
REHABILITATION**

It is the mission of the Department of Physical Medicine and Rehabilitation to provide excellence in clinical care, education, and research in the field of Physical Medicine and Rehabilitation, leading to optimum quality of life for individuals with physical disabilities, while achieving and maintaining its status as one of the pre-eminent departments of Physical Medicine and Rehabilitation in the United States.

Contact info:

Name: Department of Physical Medicine and Rehabilitation Baylor College of Medicine

Address: 1333 Moursund, Suite A-221, Houston, Texas 77030-3405

Phone: 713-799-5086

E-mail: PMR@bcm.tmc.edu

Web Site: <http://www.bcm.edu/pm&r/>



BLACK WOMEN'S HEALTH IMPERATIVE

Black Women's Health Imperative, the new name of the National Black Women's Health Project, is a leading African American health education, research, advocacy and leadership development institution. Founded in 1983 by health activist Byllye Y. Avery, it has been a pioneer in promoting the empowerment of African American women as educated health care consumers and a strong voice for the improved health status of African American women. The organization is gaining the well-earned reputation as the leading force for health for African American women. Black Women's Health Imperative possesses national stature as the only national organization devoted solely to the health of the nation's 19 million Black women and girls.

Contact info:

Name: Black Women's Health Imperative
Address: 600 Pennsylvania Avenue, S.E., Suite 310 Washington DC 20003
Phone: 202-548-4000 Fax : 202-543-9743
E-mail: nbwhp@nbwhp.org
Web Site: www.NBWHP.ORG



CHRONIC FATIGUE

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|--|---|--|
| Chronic Fatigue Syndrome: A Diagnostic and Management Challenge | The provider education project is a collaborative effort of the CFIDS Association of American and the Centers for Disease Control and Prevention (CDC) and is designed to teach health care providers how to better recognize and manage CFS and includes; case definition, history, theories of etiology, myths surrounding CFS, diagnosis, management, disability and prognosis. | Modules available in print – , video-DVD or Web based (2 to 3 hours of study) formats | All formats are free of charge for health care providers |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|--------------------------|--|---------------------|--|
| Articles and fact sheets | We offer a variety of research articles on general CFS issues as well as specific topics, such as neuroendocrine dysfunction or dysautonomias. | Varies | Most free, some modest charge. See www.cfids.org for details. |

Contact info:

Contact: The CFIDS Association of America
 Name: Terri Lupton, RN, Coordinator of Educational Opportunities
 Address: Post Office Box 220398, Charlotte, NC 28222
 Phone: 704-364-0488
 Email: meded@cfids.org
 Web Site: www.cfids.org



CIRCLE OF FRIENDS WITH ARACHNOIDITIS

COFWA is a website for support of those who suffer from or know someone with Adhesive Arachnoiditis. COFWA offers education, friendship, caring, sharing and advocacy to all who are in need.

Web Site: www.cofwa.org



CITY OF HOPE PAIN/PALLIATIVE CARE RESOURCE CENTER (COHPPRC)

April, 2003 edition
(updated monthly)

Index/Order Form of Materials

The purpose of the COHPPRC is to serve as a clearinghouse to disseminate information and resources to assist others in improving the quality of pain management and palliative care. The COHPPRC, established in 1995, is a central source for collecting a variety of materials including pain assessment tools, patient education materials, quality assurance materials, palliative care resources, research instruments and other resources.

If you have materials that may be useful to others related to pain management or palliative care, you are invited to contribute them. Please contact Stacey Pejso or Betty Ferrell, RN, PhD, FAAN at the City of Hope for a materials submission form so that you will be properly credited for your contribution.

Attached is the Index of Materials that is available for ordering through the COHPPRC.

There is a nominal fee for ordering written materials from the Index to help defer the cost of printing and mailing. **Please note that the *W* indicates items that are available at no cost on our**

Website (<http://prc.coh.org>). The last page of the index contains the mailing and background information of the individual requesting materials to be mailed. So that we may better serve you, please be sure to complete this information in its entirety. **Note: We are able to accept U.S. currency only.** Please feel free to copy this index of materials and distribute to whomever you feel would benefit from this service.

Contact info:

City of Hope Pain/Palliative Care Resource Center
1500 East Duarte Road
Duarte, CA 91010
Phone: (626) 359-8111 ext. 63829
FAX: (626) 301-8941
Website: <http://prc.coh.org>



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CITY OF HOPE PAIN/PALLIATIVE CARE RESOURCE CENTER

Index of Materials

Unless otherwise noted, all materials are \$3.00 each copy to cover our expenses for copyright charges, printing and mailing. Under each section, materials are organized under the following categories:

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|----|----------------------------------|
| A. | City of Hope Publications |
| B. | Recommended Books |
| C. | Educational Materials/Curriculum |
| D. | Guidelines/Clinical Pathways |
| E. | Other Organizations Links |
| F. | Key References |
| G. | Position Statements/Standards |

Quality of Life

Section Description: This section includes City of Hope Publications and figures of the City of Hope Quality of Life conceptual model.

For more information on measurement tools for Pain and Quality of Life, refer to Section **Error! Reference source not found..** Research Instruments in this Index.

A. City of Hope Publications

Vallerand A, Ferrell BR. (1995). "Issues of control in patients with cancer pain." Western Journal of Nursing Research, 17(5): 467-483 - The concept of control is analyzed from the perspective of the patient, family caregiver and nurse. Suggestions are made for interventions to increase control for patients in pain.

Ferrell BR. (1995). "The impact of pain on quality of life: A decade of research." Nursing Clinics of North America, 30(4): 609-624 - Summarizes Ferrell's program of research from 1984-1994 and evolution of the conceptual model of pain and quality of life.

Ferrell BR, Funk B. (1995). "Management of breast cancer pain." Innovations in Breast Cancer Care, 1(1): 9-13. - A review of pain as it relates to breast cancer and its effect on quality of life are emphasized.

Ferrell BR (1996). "The Quality of Lives: 1,525 Voices of Cancer." Oncology Nursing Forum, 23(6): 907-916.

Quality of Life Models – all of the models include a list of references

Quality of Life Breast Cancer
 Quality of Life Cancer Survivor
 Quality of Life Fatigue
 Quality of Life Pain
 Quality of Life Bone Marrow Transplant
 Quality of Life Family Caregiver
 Quality of Life Ovarian Cancer

B. Recommended Books

Quality of Life: From Nursing and Patient Perspectives by Cynthia R. King and Pamela S. Hinds. Published by Jones and Bartlett Publishers, Sudbury, Massachusetts, 1998. To order online visit Jones and Bartlett Publishers website at <http://www.jbpub.com/> (search for "Quality of Life" on the website)

Quality of Life & Pharmacoeconomics: An Introduction

This book will familiarize students, clinicians, and researchers with the key principles and methods of

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quality-of-life and cost-effectiveness assessment in clinical trials. The book is based on abstracted material from the Second Edition of Dr. Spilker's definitive reference, *Quality of Life and Pharmacoeconomics in Clinical Trials* (1996). Website: <http://www.lww.com/products/?525300912>

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

E. Other Organizational Links

International Society for Quality of Life
Research

<http://www.isoqol.org/>

F. Key References

G. Position Statements/ Standards

Nursing Knowledge, Education Programs, and Professional Competency

Section Description: This section includes materials from previous Pain Resource Nurse (PRN) programs at the City of Hope and similar programs including agendas, objectives, tests, and syllabi. Additional resources include self-paced learning modules, pain management competency packets and curriculum, treatment and training guidelines, and case conference packets. These resources are available in various forms such as interactive CD-ROM, video tapes, and bound copies.

For measurement tools on *Nurses' Knowledge and Attitudes* refer to Section **Error!**
Reference source not found.. Research Instruments on this Index of Materials.

A. City of Hope Publications

McCaffery M, Ferrell BR. (1994). "Understanding opioids & addiction." Nursing94, 24(8): 56-59 - This article includes a 5-item quiz to test knowledge about opioid addiction. Six strategies are discussed to dispel myths and barriers associated with taking opioids for pain relief. The terms psychological dependence (addiction), physical dependence, and tolerance are clearly defined.

Ferrell BR, McCaffery M, Rhiner M. (1992). "Pain and addiction: An urgent need for changing nursing education." Journal of Pain and Symptom Management, 7(2): 117-124 - This article emphasizes the lack of education about pain management as a result of inaccurate or confusing statements about addiction, dependence, and tolerance made in nursing textbooks.

Ferrell BR, Grant M, Ritchey KJ, Ropchan R, Rivera LM. (1993). "The Pain Resource Nursing Training program: A unique approach to pain management." Journal of Pain and Symptom Management, 8(8): 549-556 - This article describes an innovative pain management program developed by the City of Hope Medical Center which included 26 RNs' in a 40-hour didactic course. The purpose of this course was to designate a pain resource nurse (PRN) as a staff nurse advocate for improved pain relief. The curriculum for the training program is outlined.

Ferrell BR, McCaffery M. (1997). "Nurses' knowledge about equianalgesia and opioid dosing." Cancer Nursing, 20(3): 201-212 - This article reports results from a study which evaluated nurse's knowledge regarding three methods of analgesic delivery that have become common in clinical practice.

 McCaffery M, Ferrell BR. (1997). "Nurses' knowledge of pain assessment and management: How much progress have we made?" Journal of Pain and Symptom Management, 14(3): 175-188 - This article explores indications of progress in the level of nursing knowledge about basic aspects of pain management. The literature is reviewed and findings from surveys of nurses' knowledge from 1988-1995 are compared.

 Ferrell BR, Virani R. (1998). "Institutional commitment to improved pain management: Sustaining the effort." Journal of Pharmaceutical Care in Pain & Symptom Control, 6(2): 43-55 - Survey of institutions who have implemented a Pain Resource Nurse program.

 McCaffery M, Ferrell BR. (1997). "Influence of professional vs. personal role on pain assessment and use of opioids." The Journal of Continuing Education in Nursing, 28(2): 69-77 - Study evaluating impact of personal experience/knowledge on nurses decisions in pain management.

 McCaffery M, Ferrell BR. (1999). "Opioids and pain management - What do nurses know?" Nursing, 29(3): 48-52 - Surveys focus on two familiar nursing activities: assessing pain intensity and administering opioid analgesics.

 McCaffery M, Ferrell BR, Pasero C. (2000). "Nurses' Personal Opinions about Patients' Pain and Their Effect on Recorded Assessments and Titration of Opioid Doses." Pain Management Nursing, 1(3): 79-87 - Surveys nurses' decisions about assessment and treatment of pain in 2 patient situations and confirms that nurses continue to undertreat severe pain. Results reveal nurses' personal opinions about the patients' pain, rather than their recorded assessments, influence choice of opioid dose and to contribute to undertreatment of pain.

B. Recommended Books

 W Pain: Clinical Manual 2nd Edition by McCaffery & Pasero, 1999 book order form - this manual is an invaluable guide to an interdisciplinary approach in the care of patients with pain. ISBN #: 0-8151-5609-X (29563). Visit <http://www.mosby.com> to order. (enter ISBN # or search for pain on website to find this item)

C. Education Materials/Curriculum

 W Pain Resource Nurse Training Program Packet - City of Hope, Duarte, California
 - Agenda and objectives developed for a 5-day Pain Resource Nurse Training Program – 1996 version
 - Agenda and objectives developed for a 3-day Pain Resource Nurse Training Program – 2001 version

 W Pain Resource Nurse Training Program Packet - U. of Wisconsin Hospital & Clinics, Madison, WI.

- Pain Resource Professional Program - this is a description of a 3-day course outline with time frames, topics, speakers and objectives (2002 version).
- Privilege: Pain Resource Nurse - guidelines developed for job evaluation and

performance criteria to be utilized for annual review of the Pain Resource Nurse position

- Pain Resource Nurse Role: Description and Responsibilities - Purpose and Policy governing description and responsibilities of the Pain Resource Nurse role
- Post-test - Pain Resource Nurse Training Program - this 47 question post-test is developed for the Pain Resource Nurse Training Program (2002 version)

W

Self Learning Pain Module - Kaiser Permanente - Los Angeles, California
Developed by CQI Team for cancer pain. A self-learning module based on current standards of care in pain management (1995 version)

W

Pain Management Competency Packet – To assist preceptors to provide feedback to new nurses on ability to assess and manage pain. These tools define the competencies for clinical nurses in hospitals with a structured pain program.

- City of Hope National Medical Center (1997 version)

Developed by the Department of Nursing Research and Education

- U. of Wisconsin Hospital & Clinics, Madison (1995 version)

Developed by the Patient Care Team

W

Guidelines for Pain Case Conferences packet - U. of Wisconsin Hospital & Clinics, Madison, WI

- Summary of identification, organization, and objectives in establishing a pain case conference for an individual patient (1996 version).
- Summary of goals, objectives, and format in establishing pain case conferences to improve pain management (1996 version).

W

Packet of Resources on Pain Management - Margo McCaffery, RN, MS, FAAN

- *Video*: Contemporary Issues in Pain Management video series order form - Williams & Wilkins Electronic Media. This video series addresses the problems nurses encounter in daily practice. Videos include Pain in Infants and Children, Pain in the Elderly and the Physiology and Pharmacologic Management of Pain. ISBN #: 0-683-17164-X. Visit website to order: <http://www.lww.com> (enter ISBN # or search for pain on website to find this item)
- *CD-ROM*: Pain Management CD-ROM (Order form) – M. McCaffery and C. Pasero. Contents include: CD 1- Assessment & Overview of Analgesics (ISBN #: 0-7817-3986-1); CD 2-The Nurse's Active Role in Opioid Administration (ISBN #: 0-7817-3989-6). Visit website to order: <http://www.lww.com> (enter ISBN # or search for pain on website to find this item)

W

Competency Guidelines for Cancer Pain in Nursing Education and Practice - Wisconsin Cancer Pain Initiative

- Criteria used as basic competency in pain management for nurses. Useful for student evaluation or to establish clinical competency of nurses (1996 version).

Pain Management Curriculum for Skilled Nursing (RN and LVN Materials) - VNA and Hospice of Northern California (\$5.00/ copy)

- Curriculum objectives developed to improve staff knowledge, attitudes and practices regarding pain control, contributing to the ultimate goal of reducing or eliminating needless suffering among nursing home residents (1995-1996 version).

Pain Management Curriculum for Skilled Nursing (CNA, MSW, Rehab Materials) - VNA and Hospice of Northern California (\$5.00/ copy)

- Curriculum objectives developed improving staff knowledge, attitudes and practices regarding pain control, contributing to the ultimate goal of reducing or eliminating needless suffering among nursing home residents (1995-1996 version).

Nurses Self Paced Learning Module on Pain Management - Dominican Santa Cruz Hospital, Santa Cruz, CA

- Learning module directed at nurses in the area of pain management (1998).

Training Programs

- Palliative Care/Pain Management - listing of preceptorships, fellowships and pain training programs for nurses, physicians and others (1999 version)

- University of Pittsburgh Cancer Institute – “Facilitating the Management of Cancer Pain” - on-line educational offering.

The Program in Palliative Care Education and Practice

A “train the trainers” palliative care course offered twice a year at Harvard University for medical and nursing educators. Registration information provided through Website: <http://www.hms.harvard.edu/cdi/pallcare>

Pain Education That Feels Good Pain Management CD-ROM – Susan Pendergrass, MSN, RNCS, RNP & Judith Paice, PhD, RN, FAAN

An interactive multimedia Pain Management course offered on CD-ROM and the Internet intended for nurses and other healthcare providers working to relieve pain. This training, approved for 7 contact hours, addresses the problem of pain under-treatment through computer based education. Lectures, exercises, animation, interaction and extensive references help you master the philosophy, neurophysiology, assessment and management of pain including issues of pharmacological and non-pharmacological interventions and special populations. The training also incorporates the latest WHO and AHRQ guidelines. ISBN: 1-929466-02-1. Order through website at <http://www.graphiced.com>

Pain Assessment: “The Fifth Vital Sign” –State of California Board of Registered Nursing (effective 2/00)

Policy statement from the California Board of Registered Nursing that describes requirement of all health care staff to record pain assessment with vital signs. View online at <http://www.rn.ca.gov/policies/policies.htm>

Effective Pain Management Practices in Home Health (video flyer) - The Resource Center of the American Alliance of Cancer Pain Initiatives

A series of seven videos designed to teach pain management skills.

Health Facts for You - Booklets developed by U. of Wisconsin Hospital & Clinics, Madison, WI (1997 version)

- Developing and Using Patient Teaching Guidelines
Developing *Health Facts for You*. An Author’s Guide

Pain Management: An Interactive CD-ROM for Clinical Staff Development (Info Sheet Only)

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T. Sierzant, J. Bauman Portu, M. Belgrade, M. Cook, M. Shepherd et al.
Abbott Northwestern Hospital, Minneapolis, Minnesota (2000 version)
A comprehensive pain management training tool based on evidenced-based procedures and AHRQ guidelines. It is completely interactive with video clips demonstrating patient interactions. 6-7.2 hours of CEU credits are available for nurses, physicians and pharmacists, and an economical approach to comprehensive staff training is offered. ISBN # 0834219034. Order online through Website: <http://www.aspenpublishers.com>

Nursing Care of the Patient in Pain

W

Online class conducted by Dr. Jo Eland that provides advanced content in the area of pain management for undergraduate and graduate nursing students. Content will focus on assessment, pharmacological and non-pharmacological nursing intervention, and evaluation of acute, chronic benign, and chronic malignant pain. Requirements include 2 online exams and a limited project that may be submitted electronically. For more information visit the University of Iowa Center for Credit Programs website at <http://www.uiowa.edu/~ccp/> (on website, search for online courses)

Disseminating End-of-Life Education to Cancer Centers (DELEtCC)

W

A national educational program to prepare interdisciplinary healthcare providers as clinical leaders in end-of-life care for cancer patients and their families. The program is supported by a grant from The National Cancer Institute and sponsored by City of Hope National Medical Center. Website: <http://deletcc.coh.org>

D. Guidelines/Clinical Pathways

Standards of Clinical Practice for the Specialty of Pain Management Nursing

W

Published by the American Society of Pain Management Nurses (ASPMN). Order form available to members of ASPMN on website: <http://www.aspmn.org/>

E. Other Organizational Links

American Society of Pain Management Nurses <http://www.aspmn.org/>

Hospice and Palliative Nurses Association <http://www.hpna.org/>

F. Key References

G. Position Statements/Standards

Academy of Medical Surgical Nurses (AMSNN) official position statement on pain management. Website: <http://www.medsurgnurse.org>

W

American Society of Pain Management Nurses Standards of Clinical Nursing Practice and Standards of Care – 2002 version

W

Standards of Clinical Practice for the Specialty of Pain Management Nursing

Standards of Clinical Nursing Practice for Pain Management

Website: <http://www.aspmn.org>.

Patient Education

Section Description: This section includes educational kits and books, instructional guides and videos and health information sheets on various procedures.

A. City of Hope Publications

Ferrell BR, Rhiner M, Ferrell BA. (1993). "Development and implementation of a pain education program." *Cancer*, 72: 3426-3432 - A pain education program was developed,

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implemented, and evaluated in cancer patients and family caregivers. The investigators present the development and structure of the three-part education program, general principles of education regarding pain and methods of evaluating pain education.

 Ferrell BR, Rhiner M. (1994). "Managing cancer pain. A three-step approach." Nursing 94, 24(7): 56-59- Describes a 3-step pain education program for cancer patients including 1) pain assessment; 2) drug treatment; and 3) non-drug methods to enhance pain relief such as heat, cold, massage/vibration and relaxation.

 Ferrell BR, Ferrell BA, Ahn C, Tran K. (1994). "Pain management for elderly patients with cancer at home." Cancer, 74: 2139-2146 – Describes outcomes of 66 elderly patients with cancer who participated in a pain education intervention study. Results showed an increase in self-administration of pain medication and non-drug interventions a result of pain education.

 Ferrell BR, Rivera LM. (1997). "Cancer pain education for patients." Seminars in Oncology Nursing, 13(1): 42-48 - Reviews basic principles of pain education and presents model examples of programs which have implemented innovative programs.

 Ferrell BR, Juarez G (2002). "Cancer Pain Education for Patients and the Public." Journal of Pain and Symptom Management, 23(4): 329-336 – This article reports on the implementation of a national training project, Cancer Pain Education for Patients and the Public (CPEPP). The CPEPP curriculum was designed to address the multiple opportunities for pain education and to provide resources and support for successful implementation.

B. Recommended Books

 "Living With Chronic Pain One Day At A Time" book order form.- St. Paul, Minnesota (1995)

W Daily meditations developed by Mark Allen Zabawa. A patient's guide to living with chronic pain.

 "Cancer Doesn't Have to Hurt" book order form - Hunter House Publishers, Alameda, California

W - A 1997 book written by Pamela J. Haylock, RN and Carol P. Curtiss, RN for patient and public cancer pain education.

 "Time to Say Goodbye: A Guide to Empowerment During Illness and Aging" book order form – Barbara Olive, RN/Limieux Publishing 1998

W This book is written by a nurse as "your guide to empowerment during life threatening illness, aging, and life's final passages." It offers practical advice on how to tell a loved one about the terminal illness, put together a living will, develop comfort with pain medication, make choices about where to die, and grief stages. The chapters are supplemented with local and national resources. The book is available for \$14.95 from Eldercare Health, P.O. Box 170134, Milwaukee, WI 53217 or by calling (800) 950-7723. Website at <http://www.eldercaregivinghealth.com>, e-mail: barbroolive@aol.com

C. Educational Materials

 City of Hope Patient Handbook for Cancer Pain Management English Version - City of

Hope, Duarte, California (1994 version)

Developed by the Supportive Care Committee at City of Hope, this book was developed to help patients care for their pain, or for caregivers to help a loved one in pain. This booklet teaches how to assess your pain and actively participate in its management.

City of Hope Patient Handbook for Cancer Pain Management Spanish Version (Folleto sobre Como Tratar con el Dolor del Cancer para los Pacientes de City of Hope) - City of Hope, Duarte, California [Spanish version of Item #1 in this category (above)]

Packet of Health Facts

W Health Facts for You - Flyers developed by U. of Wisconsin Hospital & Clinics, Madison, WI

- Patient Controlled Analgesia (1999 version)
- Pain Management - What Everyone Should Know (2000 version)
- Nondrug Strategies (2000 version)
- Constipation from Opioids (Narcotics) (2000 version)
- Coping with Chronic Pain (2001 version)
- Fibromyalgia (2001 version)
- FACES Pain Scale (2001 version)
- Subcutaneous Lidocaine (2001 version)
- JAMA Pain Page (2001 version)

Cancer Care Flyers - 1 page flyers developed by Cancer Care, Inc. New York, NY

- "Does it Hurt?" Tips for managing Cancer Pain (1995 version)
- "It Doesn't Have to Hurt": Tips for managing Cancer Pain (1996 version)

W "How To Manage Your Pain: What you should know about it" - Montefiore Med. Ctr., New York (1995 version)

A 4-page guide that includes pain information and a questionnaire on pain management for patients, families, and health care providers.

W Patient Controlled Analgesia - Patient Instruction Guide - Bronx VA Medical Center, Bronx, New York (1995 version)

- Developed by Pain Mgmt. Clinical Specialist at the Bronx VAMC, as a patient education material for all patients on PCA.

W Patient Education Plan - Kaiser Permanente, Los Angeles, California (1995 version)

- Developed by Medical Care Program - Southern California Region. A checklist used for patient teaching and chart documentation. Includes key content for pain education.

W Patient Education Video and Booklet order form - Hospice of Henry Ford Health System, St. Clair Shores, MI (1996 version)

- The NHO Award of Excellence booklet and video, "Catch Your Pain Before It Catches You" is available for hospice patients to keep their hospice team informed and pain controlled.

No More Pain booklet order form - Fox Chase Cancer Center, Philadelphia, PA (1996

W version)
Order form to obtain this booklet for patient teaching regarding safe and effective control of cancer pain.

W Patient Medication Information - Fox Chase Cancer Center, Philadelphia, PA (1996 version)

- Patient handouts regarding use of medications. Eleven handouts include: Dilaudid tablets, Fentanyl patch, MS Contin, Morphine concentrate, Morphine Sulfate tablets or capsules, Oxycodone plus Acetaminophen, Oxycontin, Choline Magnesium Trisalicylate, Ibuprofen, Desipramine, Nortriptyline

Guide for Patients and Families - Care of the Permanent Epidural Catheter - Fox Chase Cancer Center, Philadelphia, PA (1996 version)

- A 7-page guide with illustrations for patient and family education

W How to Get your Narcotic Prescription Filled - Fox Chase Cancer Center, Philadelphia, Pennsylvania (1996 version)

- A 2-page handout for patients with advice regarding obtaining opioid analgesics

W Continuous Pain Drug Therapy at Home with (INFUSAID) Internal Pump - Fox Chase Cancer Center, Philadelphia, PA (1996 version)

- A 4-page patient education material with illustrations.

W Pre-admission Testing Pain Management Patient Education Program - St. John Hospital & Medical Center, Detroit Michigan (1996 version)

Pain management education brochure developed for mailing to patients who are scheduled for surgery

W Patient Rights and Responsibilities - Rockford Memorial Hospital, Rockford, Illinois (1996 version)

- This one page document describes the patient's rights and responsibilities to the commitment of excellence in pain management.

W Cancer Pain Can Be Relieved: A Guide for Patients and Families - Wisconsin Pain Initiative

Six page booklet for patient education

W Patient Education book order forms packet

- Poetry of Pain: Poems of Truth, Acceptance and Hope for Those who Suffer Chronic Pain. A book written in 1996 by Linda Martinson contains 44 pages about pain, its neglect and under-treatment by professionals and through poetry, the adaptation of one patient to her painful plight.
- Get Relief from Cancer Pain - American Cancer Society
Booklet in 3 versions: English, Spanish and large print. The booklet is written to increase patient awareness of the importance of treating cancer pain. Booklets available through your local American Cancer Society office.
- Relieving Cancer Pain Management - Fred Hutchinson Cancer Research Center

includes spiral booklet, videotape and a list of common problems with cancer patients and families in controlling pain management developed by Fred Hutchinson Cancer Research Center.

W

“Taking Control of Your Pain” book order form- Massachusetts American Cancer Society
Booklets in different languages: Chinese, French, French-Creo, Italian, Portugese, Russian, Vietnamese, Laotian & Cambodian

W

Easing Cancer Pain CD-ROM and Website information sheet - 1999 version
An interactive program designed to empower people with cancer who suffer from pain. It provides a wealth of resources to help them understand their pain and seek effective treatment. Website: <http://commtechlab.msu.edu/sites/cancerpain/>

W

"Managing Cancer Pain: A Rural Perspective" order form - 1999 version
Video addresses common myths about cancer pain, barriers and how families face these challenges. Order form available on website at <http://www.vcpi.org/>

W

Advanced Illness: Financial Guidance for Cancer Survivors and Their Families – American Cancer Society
An 18-page practical booklet covering important financial aspects related to cancer treatment, survivorship, as well as the impact on patient and family resources. Available on ACS website at <http://www.cancer.org> or call 1(800) ACS-2345.

W

Coping Financially with the Loss of a Loved One: Financial Guidance for Families – American Cancer Society
A 34-page booklet addressing practical aspects of financial planning and decision-making after the loss of a loved one. Available on ACS website at <http://www.cancer.org> or call 1(800) ACS-2345.

W

A Helping Handbook: When a Loved One is Critically Ill – Stephanie Waxman, RN
This 48 page Helping Handbook provides a private place to explore and express conflicting feelings and paves the way with inspirational poetry. Order at: <http://www.booksense.com/product/info.jsp?isbn=0970909209> (this will redirect to the website, enter your zip code to find your local bookstore)

W

Understanding Cancer Pain/El Dolor Relacionado con el Cancer – National Institutes of Health, National Cancer Institute, September 2000
This informational material was produced collaboratively by the NCI and the Johns Hopkins Oncology Center, specifically for patients and their families. It is a 29-page booklet written at the 2nd-3rd grade reading level aimed at helping patients understand, assess, and communicate pain. It also includes a pain scale and diary for monitoring and recording cancer pain and a pain ruler for measuring pain. Topics covered include communication, gathering information, medicines, other methods to control pain, and additional information. It is also available in Spanish. This booklet is complementary and is available by calling NCI Cancer Information Service at 1-800-4-CANCER or visiting the web site at <http://cancer.gov/publications> by referencing NIH publication #P817 (English) or

P696 (Spanish).

W

Controlling Cancer Pain – National Institutes of Health, National Cancer Institute, September 2000.

A 12-minute video that reviews causes, treatment options and the importance of having patients discuss pain symptoms with health professionals. It is intended for patients and their families. The video is complementary by contacting NCI Cancer Information Service at 1-800-4-CANCER or visiting the website at <http://cancer.gov/publications> by referencing NIH Publication #V814.

W

Dispelling the Myths About Morphine.

Patient brochure. Information for safe and effective use of morphine in managing moderate to severe pain. Spanish version also available. The Resource Center of the American Alliance of Cancer Pain Initiatives, University of Wisconsin Medical School, 1300 University Avenue, Room 4720, Madison, WI 53706, (608) 262-0978, (608) 265-4014 FAX, Website: <http://www.wisc.edu/wcpi/>

W

Eight Facts Everyone Should Know About Cancer Pain

Facts about cancer pain. Order form: The Resource Center of the American Alliance of Cancer Pain Initiatives, University of Wisconsin Medical School, 1300 University Avenue, Room 4720, Madison, WI 53706, (608) 262-0978, (608) 265-4014 Fax, Website: <http://www.wisc.edu/wcpi/publiced/publiced.htm>

W

Get Relief from Cancer Pain order form

A simple patient education booklet that contains the essential facts about pain control. Booklet is downloadable from the website at http://oesi.nci.nih.gov/RELIEF/RELIEF_MAIN.htm

W

Pain Control: A Guide for People with Cancer and their Families (#P258) order form

A guide for people with cancer and their families that contains detailed information about pain control. Booklet is downloadable from the website at <https://cissecure.nci.nih.gov/ncipubs/details.asp?pid=235> (this booklet replaces the former “Questions and Answers about Pain Control.”)

W

Cancer Pain Education for Patients and the Public (CPEPP)

From 1997 to 2001 the City of Hope investigators (Betty Ferrell, Marcia Grant, and Gloria Juarez) conducted an education project funded by the National Cancer Institute. This project was designed to address the multiple opportunities for cancer pain education and to provide resources for successful implementation. Individual objectives addressed various forms of pain education, identifying barriers to pain management and describing cultural considerations in patient education for pain. The COH investigators are now making the key materials available on this website. The project materials on this site include outlines, Power Point presentations, handouts and a comprehensive bibliography for each module. Module I: Pain Management for Individual Patient Education; Module II-Cultural Considerations in Patient and Public Education. Module III – Pain Education provided through group settings; Module IV – Public Education for Pain Management; Module V – Telephone Education – Informal Systems; Module VI – The JCAHO Imperative: Improved Pain Management; Module VII – Professional Education as a

Prerequisite to Patient Education: Involving Colleagues in Pain Education; Module VIII – Overcoming Institutional Barriers to Pain Education. An article summarizing this project was published in the *Journal of Pain and Symptom Management* in 2002 [23(3): 7-8], which provides further detail regarding the training program.

W

Guide to Pain Control: Powerful Methods to Overcome Cancer Pain – 2001 version
A 384-page book published by the American Cancer Society written for people with cancer, their families, and caregivers. This comprehensive guide to understanding and managing cancer pain explains how cancer pain and its treatment affect the body, emotions, relationships, and outlook on life. ISBN #: 0-944235-33-6. Order through American Cancer Society website at <http://www.cancer.org>

D. Guidelines/Clinical Pathways

W

NCCN/ACS Cancer Pain: Treatment Guidelines for Patients – January, 2001
The National Comprehensive Cancer Network and the American Cancer Society collaboratively produced these treatment guidelines to provide patients and the general public with current cancer treatment information in understandable language. The information is based on the NCCN's Clinical Practice Guidelines and is intended to help patients dialogue with their physicians and healthcare staff about cancer pain. The Guidelines come in a 31-page booklet format and are available free of charge by contacting the NCCN at 1-888-909-NCCN or downloading them from the website at <http://www.nccn.org/>

E. Other Organizational Links

| | |
|---------------------------------|---|
| American Cancer Society | http://www.cancer.org |
| American Pain Foundation | http://www.painfoundation.org |
| National Cancer Institute | http://www.cancer.gov |
| The Patient Education Institute | http://www.patient-education.com |

F. Key References

G. Position Statements/Standards

Pain in the Elderly

Section Description: This section includes Clinical Practice Guidelines on the Management of Pain in the Elderly from the American Geriatric Society and the American Medical Directors Association. Book order forms are available that address pain management in the elderly and in the long-term care setting.

A. City of Hope Publications

Ferrell BA, Ferrell BR. (1990). "Pain in the nursing home." Journal of the American Geriatrics Society, 38: 409-414 - The focus of this study was to describe the scope of the problem of pain in a long term care facility. A sample of 92 subjects from a 311-bed multilevel teaching nursing home was interviewed and medical records were reviewed for pain problems and management strategies. Findings suggest pain is a major problem of the elderly in long term care facilities.

____ Ferrell BR, Ferrell BA. (July/August 1990). "Easing the Pain." Geriatric Nursing, 4: 175-178 - This article challenges the misconceptions related to pain in the elderly. Pharmacologic and nonpharmacologic treatment modalities are discussed.

____ McCaffery M, Ferrell BR. (1991). "Patient age - Does it affect your pain control decisions." Nursing, 21(9): 44-48 - This article describes a survey from 359 nurses, which explored the effect of patient age on nurses decisions regarding pain control. The survey demonstrated nurses are more willing to believe an elderly patients rating of pain but less likely to increase opioid analgesic dosing. Tips in overcoming misconceptions about pain in the elderly are included.

____ Ferrell BA. (1991). "Pain management in elderly people" Journal of the American Geriatrics Society, 39: 64-73 - This article discusses pathophysiology of pain, evaluation of pain in the elderly, analgesic drug use in the elderly and nonpharmacologic pain relief methods.

____ Ferrell BA, Ferrell BR, Rivera LM. (1995). "Pain in cognitively impaired nursing home patients." Journal of Pain and Symptom Management, 10(8): 591-598 - Reports findings from a study of 217 cognitively impaired residents of 10 nursing homes. The article discusses challenges in pain assessment in this population and recommendations for selection of pain assessment tools.

B. Recommended Books

____ Pain in the Elderly book order form

W Published in 1996 by the International Association for the Study of Pain, 152 page softbound book outlining approaches to specific geriatric pain problems.

____ Persistent Pain in Older Adults

W By Debra K. Weiner, MD, Keela Herr, PhD, RN, and Thomas E. Rudy, PhD, Editors. The goal of this book is to increase awareness of the complexity involved in caring for older adults with persistent pain and to provide practitioners with the tools to approach complex management issues. Springer Publishing Company. Website: <http://www.springerpub.com>

C. Educational Materials/Curriculum

____ Fast Facts-1 Minute Inservice

W Assessing Pain in the Cognitively Impaired

D. Guidelines/Clinical Pathways

____ Clinical Practice Guidelines - The Management of Persistent Pain in Older Persons (2002)

W - Clinical Practice Guidelines from the American Geriatrics Society. Download guidelines at <http://www.american geriatics.org/>

____ Chronic Pain Management in the Long-Term Care Setting Clinical Practice Guideline (CPG) order form (1999 version) - Published by the American Medical Directors Association (AMDA)

W This guideline outlines many of the myths and misperceptions about chronic pain caused by nonmalignant conditions and the barriers to effective pain management. The CPG also offers tips for overcoming these barriers. The guideline is directed toward the entire

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interdisciplinary team - as well as patients and their families - in order to achieve effective pain management. Visit the AMDA website: <http://www.amda.com/>

Improving Pain Management in Long Term Care Settings book order form.

W

- Published in 1998 from the Medical College of Wisconsin as a resource guide for institutional change. Designed to assist staff member of facilities to improve pain management strategies for their residents. Order form downloadable at the Medical College of Wisconsin website at <http://www.mcw.edu/pallmed>

Acute Pain Management in the Elderly guideline order form

W

This 83-page evidence-based guideline was developed from a synthesis of current evidence on managing acute pain in adults and in the elderly by investigators at the University of Iowa. Key areas highlighted are pain assessment and monitoring, patient education regarding pain management, pharmacological management of pain, and non-pharmacological management of pain. Also available is a set of eight Quick Reference Guides designed to help staff implement guideline recommendations into daily practice.

E. Other Organizational Links

AARP

<http://www.aarp.org>

Administration on Aging

<http://www.aoa.dhhs.gov>

Aging with Dignity

<http://www.agingwithdignity.org>

American Geriatrics Society

<http://www.americangeriatrics.org>

American Society on Aging

<http://www.asaging.org>

Association for Gerontology in Higher Education

<http://www.aghe.org>

The National Institute on Aging

<http://www.nih.gov/nia/>

F. Key References

N/A

(please
see
note)

1. Herr, K. (2002). "Pain assessment in cognitively impaired older adults." American Journal of Nursing, 102(12): 65-68. (This publication is not available through the City of Hope Pain/Palliative Care Resource Center. Please contact the publisher to order this journal). Lippincott, Williams & Wilkins website: <http://www.lww.com> and search for AJN (American Journal of Nursing).

G. Position Statements/Standards

Quality Improvement

Section Description: This section includes medical review tools, strategic plans, performance and quality improvement packets, a manual for "building an institutional commitment to pain management", sample materials for quality improvement committees, and information on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for pain management.

A. City of Hope Publications

Ferrell BR, McCaffery M, Ropchan R. (1992). "Pain management as a clinical challenge for nursing administration." Nursing Outlook, 40(6): 263-268 - This article cites numerous studies on the prevalence of pain and the lack of knowledge of nurses in treating pain. Four challenges for nurse administrators are identified in improving the quality of pain management.

 Ferrell BR. (1993). "The challenge for leadership in the national agenda for relief of cancer pain." Commentary, Journal of the National Cancer Institute, 85(13): 1034-1037 - The focus of the article suggests a leadership role by Cancer Centers in committing to four critical areas of pain management. These include establishing standards for 1) knowledge and attitudes of health care providers, 2) assessment of pain, 3) patient education related to pain, and 4) development of pain services.

 Miaskowski C, Jacox A, Ferrell B, et al. (1994). "Clinical practice guideline development: A historical perspective and nursing implications." Oncology Nursing Forum, 21(6): 1067-1069 - The purpose of this article is to provide oncology nurses with information about the Agency for Health Care Policy and Research (AHRQ), the process of clinical guideline development, and the implications for oncology nursing practice.

 Ferrell BR, Jacox A, Miaskowski C, Paice JA, Hester NO. (1994). "Cancer guidelines: Now that we have them, what do we do?" Oncology Nursing Forum, 21(7): 1229-1238 - This article emphasizes 27 specific strategies for use in addressing pain management while implementing cancer pain guidelines developed by the Agency for Health Care Policy and Research (AHRQ).

 Ferrell BR. (April/May 1994). "An institutional commitment to pain management." American Pain Society Bulletin: 16-20 - Successful pain management requires involvement of individuals at all levels of the organization. Approaches to obtaining this goal include documenting pain, making pain visible, establishing standard of care, redesigning the team, educating staff, educating patients, educating the public, involving institutions in regulatory issues, and recognizing the cost of failure to treat pain.

 Ferrell BR, Dean GE, Grant M, Coluzzi P. (1995). "An institutional commitment to pain management." Journal of Clinical Oncology, 13(9): 2158-2165 - Shares the development, implementation, and evaluation of this program which is based on the philosophy of organizational influence on pain management.

 Ferrell BR, Whedon M, Rollins B. (1995). "Pain and quality assessment/improvement." Journal of Nursing Care Quality, 9(3): 69-85 - This article reviews essential components of the QA process in pain management and shares experiences from institutions.

 Grant M, Rivera LM, Alisangco J, Francisco L. (1999). "Improving cancer pain management using a performance improvement framework." Journal of Nursing Care Quality, 13(4): 60-72 - This article describes the development, implementation and evaluation of a pain education program designed to provide clinical nurses with the knowledge necessary to use appropriate pain management techniques.

B. Recommended Books

 Handbook and manual packet order forms

- "Building An Institutional Commitment to Pain Management" manual order form - Wisconsin Cancer Pain Initiative, Madison, WI. This resource is the "how to" manual designed to make pain management a reality in a clinical setting – 2000 version
- "Handbook of Cancer Pain Management" 5th Edition order form- The Medical

College of Wisconsin and University of Wisconsin Medical School, Madison, WI. This manual is to provide health care professionals with information about diagnosis and management of cancer-related pain – 1997 version

C. Educational Materials/ Curriculum

Action Plan - Long Term Care - Medical College of Wisconsin, Milwaukee, WI.

W

- This action plan is a format for an institution to implement a strategic plan in establishing a pain management program – 1996 version

D. Guidelines/ Clinical Pathways

Medical Record Audit Form - U. of Wisconsin Hospital & Clinics, Madison – 1999 version

W

Comprehensive audit tool to review documentation of pain assessment, analgesic prescribing and administration practices.

Pain Management Program/Strategic Plan - Dominican Santa Cruz Hospital, Santa Cruz, California – 1995 version

W

- The Strategic Plan includes a 16 page packet describing a pain management program and strategic plan. A vision statement, basic assumptions, targets, goals, and strategies for implementation are outlined

Pain Care Packet - The Chambersburg Hospital, Chambersburg, Pennsylvania – 1995 version

W

Includes a 4 page packet containing a 9 item Pain Questionnaire for use after discharge, a 7 item Pain Service Outcome Survey and an 11 item outline of “Rights of the Patient and Responsibility of the Physician”

Performance Improvement Plan - Integris/Baptist Medical Center, Troy and Dollie Smith Cancer Center, Oklahoma City, Oklahoma – 1996 version

W

The Performance Improvement Plan was designed to implement the American Pain Society’s Quality Assurance Standards and to monitor outcomes

Patient Questionnaire on Pain Management - Willamette Falls Hospital, Oregon City, Oregon – 1996 version

W

A simple questionnaire used to assess patient satisfaction with pain after hospitalization. The tool is formatted for easy use as a mailed survey

Proposal: An Institutional Commitment to Pain Management - U. of Wisconsin Hospitals & Clinics, Madison, WI – 1996 version

W

A 1-page proposal for establishing a quality improvement program to improve pain management

Institutional Needs Assessment – Wisconsin Cancer Pain Initiative, Madison, Wisconsin – 1997 version

W

Sample Materials for Use in Developing a Quality Improvement Committee - Wisconsin Cancer Pain Initiative, Madison, Wisconsin

W

- Sample Invitation Letter, Mission Statement and Meeting Agendas – 1996 version

- Development of Quality Improvement Plan Worksheet – 1996 version

W

Text for Transparencies - Wisconsin Pain Initiative, Madison, Wisconsin – 1996 version
 - Text for transparencies for use in presentations related to pain and quality assurance (includes 19 pages ready to make transparencies)

W

Quality Assurance Packet - Saint Luke's-Shawnee Mission Health System, Shawnee Mission, Kansas - 1998 version
 - Commitment to Cancer Pain Management Statement
 - Patient Rating Guide
 - Patient Outcome Questionnaire
 - Chart Audit Tool
 - Pain Assessment Flowsheet
 - Palliative Care Protocol
 - MS Drip Protocol
 - Care of Patient Experiencing Cancer Related Pain

W

Joint Commission on Accreditation of Healthcare Organizations Revised Pain Management Standards, 2000
 Revised pain standards for Hospitals published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Website: <http://www.jcaho.org/> (at website search for standards revisions for 2002)

W

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) packet – Southern California Cancer Pain Initiative (SCCPI)
 The Southern California Cancer Pain Initiative (SCCPI) has developed a Resource Packet of a compilation of materials to serve as a resource for JCAHO accredited institutions to become compliant with the new JCAHO pain standards. This 3-inch binder of materials addresses many aspects of the standards and several facets of pain treatment. Order forms are available through the SCCPI website at <http://sccpi.coh.org>, by contacting the SCCPI office at (626) 359-8111 ext. 63202, or e-mail: sccpi@coh.org.

E. Other Organizational Links

Institute for Healthcare Improvement <http://www.ihl.org>

Joint Commission on Accreditation of Healthcare Organizations <http://www.jcaho.org>

F. Key References

G. Position Statements/Standards

Ethics

Section Description: This section includes materials related to ethical issues and end of life care in pain management, decision making and suffering.

A. City of Hope Publications

Johnston-Taylor E, Ferrell BR, Grant M, Cheyney L. (1993). "Managing cancer pain at home: The decisions and ethical conflicts of patients, family caregivers, and homecare nurses." *Oncology Nursing Forum*, 20(6): 919-927 - This article identifies the content of decision making and ethical conflict among patients with cancer related pain, their family caregivers, and home health nurses. Data obtained from this sample identified subjects' decision making and conflict centered around use of medication for pain relief.

 Ferrell BR, Johnston-Taylor E, Sattler GR, Fowler M, Cheyney BL. (1993). "Searching for the meaning of pain." Cancer Practice, 1(3): 185-194 - This study explores the meaning of pain from data collected and analyzed using qualitative methods with the assistance of a multidisciplinary team of nurses and theologians. A model of the process of seeking meaning for pain is offered through interview data from patients, family caregivers, and nurses.

 Ferrell BR, Dean GE. (1994). "Ethical issues in pain management at home." Journal of Palliative Care, 10(3): 67-72 - This article discusses the ethical issues surrounding pain management at home such as decision making and the family experience with pain. Examples of descriptions of pain, caregiver roles, and patients' decisions and conflicts are provided.

 Ersek M, Ferrell BR. (1994). "Providing relief from cancer pain by assisting in the search for meaning." Journal of Palliative Care, 10(4): 15-22 - This article provides an overview of the literature and an integrated approach to assisting patients and their family caregivers with the meaning-making process associated with cancer pain.

 Ferrell BR, Dean G. (1995). "The meaning of cancer pain." Seminars in Oncology Nursing, 11(1): 17-22 - This article discusses the meaning of pain and suffering experienced by both patients and families and provides case examples and analysis of the search for meaning in cancer pain.

 W Text on Suffering (1996) edited by Betty Ferrell with chapters addressing various dimensions of suffering in AIDS, cancer, pediatrics. Order form provided only.

 Borneman T, Ferrell BR. (August 1996). "Ethical issues in pain management." Clinics in Geriatric Medicine, 12(3): 615-628 - This article provides an overview of common ethical issues in pain management, especially in the elderly population, with discussion of the moral issues of euthanasia and assisted suicide.

 Ferrell BR, Rivera LM. (1995). "Nursing perspectives on assisted suicide and euthanasia." Journal of Pharmaceutical Care in Pain & Symptom Control, 3(3/4): 55-66 - This article addresses the challenge nurses are faced with in providing compassionate care to terminally ill patients and their families.

 Ferrell BR. (1996/1997). "The moral imperative of pain management." Symptom Control in Cancer Patients. American Nurses Association Center for Ethics and Human Rights, 5(2): 4-5 - This article addresses the undertreatment of pain and the responsibility for relief by health professionals.

 Ferrell BR. (1997). "The role of ethics committees in responding to the moral outrage of unrelieved pain." Bioethics Forum, 13(3): 11-16 - This article addresses ten strategies for involvement of ethics committees in improved pain management.

 Ferrell BR, Novy D, Sullivan M, Banja J, Dubois M, Gitlin M, Hamaty D, Lebovits A, Lipman A, Lippe P and Livovich J. (2001). "Ethical Dilemmas in Pain Management."

The Journal of Pain, 2(3): 171-180 - This study surveyed the membership of the American Pain Society and the American Academy of Pain Medicine to determine their beliefs about ethical dilemmas in pain management practice.

B. Recommended Books

Palliative Care Ethics: A Companion for all specialties, 2nd edition

This book has been written by a clinician and a teacher and writer of health care ethics to provide all those who care for the terminally ill - doctors, nurses, social workers, physiotherapists, clergy and other carers - with the concepts and principles to assist them in difficult decisions. Oxford University Press. ISBN: 0192630687. Website: <http://oup-usa.org>

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

E. Other Organizational Links

American Society for Bioethics and Humanities <http://www.asbh.org>

American Society of Law, Medicine and Ethics <http://www.aslme.org>

American Society of Pain Management Nurses (ASPMN) <http://www.aspmn.org>

Center for Ethics in Health Care – Oregon Health Sciences University <http://www.ohsu.edu/ethics/>

Center for Bioethics and Human Dignity <http://www.cbhd.org>

Centre for Bioethics <http://www.Ircm.qc.ca/bioethique/english>

Cleveland Clinic, Department of Bioethics <http://www.clevelandclinic.org/education/bioethics/>

European Ethics <http://www.masterbioethics.org/>

Hastings Center <http://www.thehastingscenter.org/>

Midwest Bioethics Center <http://www.midbio.org>

National Bioethics Advisory Commission <http://www.nih.gov/sigs/bioethics/withinnih.html>

University of Minnesota Center for Bioethics <http://www.bioethics.umn.edu/education/>

F. Key References

G. Position Statements/ Standards (see XI. End of Life/Palliative Care, Error! Reference source not found.)

Family/Home Care

Section Description: This section includes publications regarding the experiences of family members in caring for a loved one in pain.

A. City of Hope Publications

Ferrell BR, Rhiner M, Cohen MZ, and Grant M. (1991). "Pain as a metaphor for illness. Part I: Impact of cancer pain on family caregivers." Oncology Nursing Forum, 18(8): 1303-1309 - This two-part article contributes to the Pain-QOL model by describing the social concern domain. A sample of 85 primary family caregivers of patients with cancer

pain was obtained from three settings. Themes were identified with regard to the families' experience of pain.

 Ferrell BR, Cohen MZ, Rhiner M, Rozek A. (1991). "Pain as a metaphor for illness. Part II: Family caregivers' management of pain." Oncology Nursing Forum, 18(8): 1315-1321. - This article focuses on seven themes identified by caregivers of patients with cancer pain related to aspects of medication administration, nondrug interventions, and support from doctors and nurses.

 Ferrell BR, Rhiner M, Rivera LM. (1993). "Development and evaluation of the family pain questionnaire." Journal of Psychosocial Oncology, 10(4): 21-35. - This article presents the Family Pain Questionnaire (FPQ) instrument used to obtain data on caregiver perspectives of pain management.

 Ferrell BR, Grant M, Chan J, Ahn C, Ferrell BA. (1995). "The impact of cancer pain education on family caregivers of elderly patients." Oncology Nursing Forum, 22(8): 1211-1218 - This article examines the impact of pain education on family members providing home care to elderly patients with cancer.

 Juarez G, Ferrell BR. (1996). "Family and caregiver involvement in pain management." Clinics in Geriatric Medicine, 12(3): 531-547 - This article discusses the importance of chronic cancer pain management in the elderly population including an overview of family involvement, and family education.

 Ferrell BR, Grant M, Borneman T, Juarez G, terVeer A. (1999). "Family caregiving in Cancer Pain Management." Journal of Palliative Medicine, 2(2): 185-195 - This article describes the study which shares the experience of pain management from the perspective of family caregivers of patients with cancer amidst the healthcare environment. The article also includes data regarding costs of caregiving and pain management at home.

 Ferrell BR. (May/June 1998). "Pain management at home." Coping, (May/June): 40-41 - This article focuses on pain education as the common symptom in cancer throughout all stages of the illness.

 Ferrell BR, Borneman T, Juarez G. (1998). "Integration of pain education in home care." Journal of Palliative Care, 14(3): 62-68. - Focus on the needs of home care patients and issues surrounding the integration of pain education into routine home care.

 Ferrell BR, Juarez G, Borneman T, ter Veer Anna. (October-December, 1999). "Outcomes of Pain Education in Community Home Care." Journal of Hospice and Palliative Nursing, 1(4): 141-150 - Reports findings of a study of 149 cancer patients receiving pain education through home care agencies.

 Ferrell BR (2001). "Pain Observed: The Experience of Pain from the Family Caregiver's Perspective." Clinics in Geriatric Medicine, 17(3): 595-609 – Summary of program of research regarding family caregivers and pain management including

research methods and clinical implications.

Borneman T, Stahl C, Ferrell BR, Smith D (2002). "The Concept of Hope in Family Caregivers of Cancer Patients at Home." Journal of Hospice and Palliative Nursing, 4(1): 21-33 – this article is intended to provide descriptive data regarding hope and sources that promote hope in family caregivers of cancer patients at home.

B. Recommended Books

Handbook for Mortals book order form

W Guidance for people facing serious illness by Joanne Lynn, M.D. and Joan Harrold, M.D. Order form available at <http://www.abcd-caring.org/>

Be Prepared by David S. Landay order form

W Order book through website at <http://www.be-prepared.com/>

Fading Away: The Experience of Transition in Families with Terminal Illness

W This book comes out of an in-depth, qualitative study of the experiences of twenty-three families in which one parent was dying of cancer. The study attempted to better understand the impact of terminal illness on the entire family system and sought to develop a theoretical framework that would guide the assessment of and services to such families. As a result of interviews with patients, spouses and their adult children over three phases of the study, the process of "fading away" was identified and conceptualized in terms of various phases which contributed to this process. Baywood Publishing Company, Inc. ISBN: 0-89503-127-2. Website: <http://www.baywood.com>

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

E. Other Organizational Links

American Pain Foundation

<http://www.painfoundation.org/>

Caregiver Network

<http://www.caregiver.on.ca/index.html>

Caregiver.com

<http://www.caregiver.com>

Caregiver.org

<http://www.caregiver.org>

Caregiver Resource Directory

http://www.stoppain.org/caregivers/Resource_form.html

Caregiver Survival Resources

<http://www.caregiver911.com>

Careguide.com

<http://www.careguide.com>

National Alliance for Caregiving

<http://www.caregiving.com>

National Family Caregivers Association

<http://www.nfca cares.org>

F. Key References

G. Position Statements/ Standards

Pharmacology/Policies and Procedures

Section Description: Includes pain management reference cards, algorithm packets, along with flowsheets

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to record pain assessment and management as well as meperidine usage guidelines

For more information see III. Patient Education

A. City of Hope Publications

McCaffery M, Martin L, Ferrell BR. (1992). "Analgesic administration via rectum or stoma." Journal of ET Nursing, 19: 114-121 - This article discusses rectal and stomal routes for administering analgesics as alternatives to invasive parenteral routes when a patient is unable to take medication by mouth.

Ferrell BR, Cronin C, Warfield C. (1992). "The role of patient-controlled analgesia in the management of cancer pain." Journal of Pain and Symptom Management, 7(3): 149-154 - This paper reviews the literature related to patient controlled analgesia (PCA) use in chronic cancer pain. Appropriate and inappropriate utilization of PCA is discussed as well as professional issues in future use of PCA.

Ferrell BR. (October 1991). "Managing pain with long-acting morphine." Nursing, 91, 21(10): 34-40 - This article includes information related to administration of long acting morphine, and describes specific methods of switching from short acting to long acting analgesic. Management of adverse reactions and rescue dosing are also described.

McCaffery M, Ferrell BR. (1996). "Ethical issues in the use of placebos in cancer pain management." Oncology Nursing Forum, 23(10): 1587-1593 - This article identifies and corrects misconceptions about placebos, and discusses the ethical issues related to administering placebos for patients experiencing cancer pain.

Ferrell BR, McCaffery M. (1997). "Nurses' knowledge about equianalgesia and opioid dosing." Cancer Nursing, 20(3): 201-212 - This article states the results from a study which evaluated nurses knowledge regarding three methods of analgesic delivery that have become common in clinical practice.

Hitchcock LS, Ferrell BR, McCaffery M. (1994). "The experience of chronic nonmalignant pain." Journal of Pain and Symptom Management, 9: 312-318 - This article reports results of a survey from 204 persons with chronic nonmalignant pain who were members of a self help organization. A 46-item questionnaire elicited responses about pain intensity, types of pain, medications prescribed, medications not prescribed but taken for pain, and a list of 10 problems with non malignant pain management.

Ferrell BR, Juarez G, Borneman T. (1999). "Use of routine and breakthrough analgesia in home care." Oncology Nursing Forum, 26(10): 1655-1661 - This article reviews principles of assessing and treating breakthrough pain and deficiencies in current approaches.

B. Recommended Books

Pain: Clinical Manual 2nd Edition by McCaffery & Pasero, 1999 book order form - this manual is an invaluable guide to an interdisciplinary approach in the care of patients with pain. ISBN #: 0-8151-5609-X (29563). Visit <http://www.mosby.com> to order. (enter ISBN # or search for pain on website to find this item)

C. Educational Materials/Curriculum

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W Equianalgesic Chart order form
W Laminated Equianalgesic pocket card – Southern California Cancer Pain Initiative (SCCPI), 2001 version. Southern California Cancer Pain Initiative, c/o City of Hope National Medical Center, 1500 East Duarte Road, Duarte, CA 91010. Phone: 626-359-8111 X63202. Website: <http://sccpi.coh.org>

Pain Management Flowsheet Packet
 St. John Hospital/Medical Center, Detroit, MI – 1995 version
 This 1-page flowsheet provides healthcare providers documentation for analgesic orders and other pain data. Includes pain rating scales.
 U. of Wisconsin Hospital & Clinics, Madison, WI – 1996 version
 This flowsheet is used to record pain assessment and management information.
 City of Hope, Duarte, CA – 1995 version
 Flowsheet for PCA and Epidural Analgesia

W Algorithm Packet
 - Symptom Management Algorithms for Palliative Care – **book order form**
 1999 version – Providence Yakima Medical Center Pharmacy and Hospice of Yakima, Washington. Order form for this 190-page booklet which was awarded the Abbott Laboratories National Pharmacy Award for hospice and home care – 1999 version.
 Website: <http://www.intelli-card.com>
 - Cancer Pain Algorithm Reference Guide – order form 1999 version – Du Pen, Inc., Washington. – Description and ordering information for a reference guide that provides an overview of the pain algorithm. Website: <http://www.painconsult.com/>

W Cancer Pain Role Model Program Case Studies and Faculty Guides – Wisconsin Pain Initiative
 Includes 7 case studies and faculty guides for each to use in teaching basic pharmacology principles related to pain – 1996 version.

W Meperidine-Drug Usage Evaluation Packet
 St. Francis Medical Center Cape Girardeau, Missouri – 1995 version. Presents St. Francis Medical Center's policy and procedure on the administration of meperidine. References included.
 University of Wisconsin Hospital and Clinics – 1999 version. Policy that states the appropriate indications, dosage and precautions on the use of meperidine (Demerol) and a meperidine guideline audit form from the University of Wisconsin Hospital and Clinics.
 University of Pittsburgh Medical Center Presbyterian (UPMCP) – 1999 version.
 Meperidine and Naloxone Guidelines developed and implemented by the multidisciplinary team.

W Studies and Faculty Guides – Wisconsin Cancer Pain Initiative
 Includes 5 case studies and faculty guides for each to use in teaching basic pharmacology principles related to pain – 1996 version

W Care & Monitoring of Patients requiring Local Anesthesia and/or Sedation for Surgery & Invasive or Diagnostic Procedures - Department of the Army, Tripler Army Medical

Center, Tripler, Hawaii

1997 version of a 38-page packet including policies and forms to guide care of patients requiring conscious sedation

Patient Contracts

W

A packet written by Margo McCaffery including a discussion of the use of contracts with patients receiving opioids.

Fast Facts – 1 Minute and 5 Minute Inservices

W

Opioid Dose Escalation

Converting To/From Transdermal Fentanyl

Sublingual Morphine

Balanced Analgesia or Multimodal Therapy

What is Neuropathic Pain?

Constipation

Transitional Analgesia

Patient Controlled Epidural Analgesia (PCEA)

Management of Post-operative Pain in Patients on Chronic Opioid Therapy

PRN Range Analgesic Orders

Methadone (Dolophine TM)

Opioid Withdrawal

D. Guidelines/Clinical Pathways

Achieving Balance in Federal & State Pain Policy – 2000 version

W

Evaluation guide presents a framework that has been developed by the Pain & Policy Studies Group (PPSG) to understand and to evaluate policies at the federal and state level. The Evaluation Guide is available on the PPSG website at

<http://www.medsch.wisc.edu/painpolicy> and hard copies may be obtained by contacting the PPSG.

City of Hope Policies Duarte, CA (\$5.00/per copy) – 1995 version

Introduction, Procedural Related Pain, CADD PCA Drug Delivery, Continuous Infusion of Opioids, Epidural Administration of Opioids, Surgical Pain Management, Nausea, Constipation, Recommendations for Narcan Use, Assessment Tools, Patient Controlled Analgesia Flow Sheet, Discontinuation of Opioids/Withdrawal

Pain Management Resource Manual - Virginia Commonwealth University, Richmond

W

(\$5.00/per copy) – 1999 version

- Continuous Infusions, PCA via Epidural Catheters, Pediatric Patients Receiving Epidural Analgesia, Narcotic Control, Nursing Care of the Patient Receiving TENS, Subcutaneous Infusion/PCA, Application and Destruction of Fentanyl Transdermal Patches and other procedures.

Placebo Usage Packet (\$5.00/Packet)
 Ferrell, BR, McCaffery, M. "Current Placebo Practice and Policy." ASPMN Pathways, 1996; Winter Issue, 11-14.

McCaffery M, Ferrell BR, Turner M. "Ethical Issues in the Use of Placebos in Cancer Pain Management." Oncology Nursing Forum, 1996; 3(10):1587-1593.

- Guest Editorial - Pain and Placebos: Ethical and Professional Issues
Orthopaedic Nursing, Sept./Oct. 1997; 5(16):8-12.

W Placebo Bibliography

W ASPMN Position Statement on the Use of Placebos for Pain Management

W Pain Management Packet - Harrison Hospital, Bremerton, Washington – 1996 version
 Materials produced by the Pain Management Task Force including the Patient Admission Record, Morphine Continuous Infusion Standing Orders, Epidural Catheter Standing Orders, PCA Physician Order Sheet, Description of the Pain Task Force and Nursing Division Patient Care Guidelines

W Policy and Procedure Packet – 1996 version

- Continuous Subcutaneous Opioid Infusion - U. of Wisconsin, Madison, WI.
 This policy describes the initiation and maintenance of a continuous subcutaneous opioid infusion

Standard of Nursing Practice: Opiate Infusions - Fox Chase Cancer Center, Philadelphia, PA. This nursing practice governs the policy and procedures of opiate infusions

W Conscious Sedation/Analgesia Packet

- Adults Policy and Procedure. Developed by Christine L. Pasero, RN, BSN, MHSAC, a Pain Management Consultant, this guideline is intended to assist in developing a policy and procedure to help insure safe administration of conscious sedation – 1996 version

- City of Hope Policy and Procedure for Conscious Sedation for Invasive and Diagnostic Procedures – 1997 version

W The Use of Opioids for the Treatment of Chronic Pain – 1997 version

American Academy of Pain Medicine and American Pain Society policy.

W Definitions Related to the Use of Opioids for the Treatment of Pain – 2001 version

- American Academy of Pain Medicine, American Pain Society, and American Society of Addiction Medicine policy. Website:

<http://www.painmed.org/productpub/statements/pdfs/definition.pdf>

W Policy - California Board of Registered Nursing – 1997 version

- Pain Management Policy and Curriculum Guidelines for Pain Management Content

Patient Care Guidelines Packet – Vancouver Hospital & Health Sciences Centre, Vancouver, British Columbia – 1999 version
 Coping with Pain

Care & Management of Patient with Chronic Cancer Pain

Conscious Sedation Guidelines for Nursing Management of Children in the Emergency

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Department

Pain: Conscious Sedation for Procedural Pain (Adults)

Pain: Conscious Infusion of Low Dose Ketamine, Nursing Management of the Patient

Patient Controlled Epidural Analgesia – What is an Epidural?

Pain: Epidural Catheter, Nursing Management of the Patient

Epidural catheter Systems: Tubing, Filter and Cap Change

Post-operative Infusion of Continuous Regional Analgesia (PICRA): Nursing Management of the Patient

Pain: Intrathecal Injection or Infusion, Nursing Management of the Patient

Pain: Nitrous Oxide (Entonox Gas): Use of Patient Controlled Analgesia

Pain: Patient Controlled Analgesia (PCA)

Care and Management of the Patient undergoing a Stellate Nerve Block (Pre-Post)

Therapeutic Touch – (Patient Information)

Therapeutic Touch

Pain: Visual Analogues in English, Chinese, Korean, Punjabi and Vietnamese

W

Health Information Sheets on Pain Procedures – St. Vincent Hospital and Health Center,

Billings, MT – 2000 version

Facet Joint Injection

Lumbar Sympathetic Block

Stellate Ganglion Injection

Intrathecal Pump Implant (Spinal Morphine Pump)

Radio Frequency Lesioning

Epidural Steroid Injection

Dorsal Column Stimulator (DCS) or Spinal Cord Stimulator (SCS)

Epidurolysis (Racz Procedure)

Sacro-Iliac Joint Injection

W

Packet of Clinical Pathway Examples

Cancer Pain Management Critical Pathway – University of Wisconsin Hospital & Clinics, Madison, WI. Developed by the Coordinated Care Committee, this multidisciplinary chart documentation form for hospitalization (1999 version).

W

Packet of Clinical Pathway Examples - Via Christi Regional Medical Center-St. Francis Campus, Wichita, KS – 1996 version

- Clinical Pathway for Acute Pain Management (1996 version) – Adult

This one-page clinical pathway flow chart for acute pain management covers a 5-day hospital admission.

- Clinical Pathway for Acute Pain Management (1996 version) – Pediatric

This one-page clinical pathway flow chart for acute pain management for pediatric use covers a 5-day hospital admission.

- Clinical Pathway for Collaborative Care (1996 version): Acute Pain Management

This one-page quality assurance documentation form is for use with the clinical pathway for collaborative care - acute pain management.

W

Pain Management Standards

- Nursing Responsibilities for Pain Management -U. of Wisconsin Hospital &

Clinics, Madison, WI - Statement on pain management, nursing competency for pain management, algorithm for reporting unrelieved pain, and a brief synopsis and post-test on principles of pain management (1999 version)

Mission Statement for Pain Management Center - Fox Chase Cancer Center, Philadelphia, PA (1996 version) - This brief mission statement emphasizes the interdisciplinary approach to the total treatment of pain.

Pain Algorithm Information - Memorial Sloan-Kettering Cancer Center, New York, NY - 1996 version

A 2-page flowsheet developed by the hospital Algorithm Committee for pain management.

The Standard of Care for the Patient with Pain - Memorial Sloan-Kettering Cancer Center, New York, NY – 1996 version

This standard of care for pain treatment includes the areas of general outcomes, assessment, interventions and nursing diagnosis

Agency for Healthcare Research and Quality (AHRQ) Pain Guidelines: formerly AHCPR (Agency for Health Care Policy and Research):

Acute Pain Guidelines:

Acute Pain Guidelines from AHRQ (Web address: <http://www.AHRQ.gov/>):

Acute Pain Management in Adults: Operative Procedures, Quick Reference Guide for Clinicians No. 1a, AHRQ Pub No. 92-0019, February, 1993.

Acute Pain Management in Infants, Children, and Adolescents: Operative Procedures, Quick Reference Guide for Clinicians No. 1b, AHRQ Pub No. 92-0020, February, 1993.

Pain Control After Surgery, A Patient's Guide, Consumer Guideline Number 1, AHRQ Pub No. 92-0021, February, 1993. Spanish version, AHRQ Pub No. 92-0068, September, 1992.

Acute Pain Management: Operative or Medical Procedures and Trauma, Clinical Practice Guideline 1, AHRQ Pub No. 92-0032, February, 1992.

Cancer Pain Guidelines from AHRQ (web address: <http://www.AHRQ.gov/>):

Management of Cancer Pain, Clinical Guideline Number 9, AHRQ Pub. No. 94-0592, March, 1994.

Management of Cancer Pain: Adults, Quick Reference Guide for Clinicians Number 9, AHRQ Pub. No. 94-0593.

Managing Cancer Pain, Consumer Guide Number 9, AHRQ Pub. No. 94-0595, March, 1994. Spanish version, AHRQ Pub. No. 94-0596, March 1994.

To order: AHRQ Publications Clearinghouse, 2101 East Jefferson Street Rockville, MD 20852, (800) 358-9295, Website: <http://www.AHRQ.gov> or U.S. Government Printing Office, GPO Order Desk, (202) 512-1800

Practice Parameters for Systematic IV Analgesia and Sedation for Adult Patients in the ICU: Sustained Neuromuscular Blockade in the Adult Critically Ill Patient

Practice parameters developed by a task force of the American College of Critical Care Medicine (ACCM) & approved by ACCM Board of Regents and the Society of Critical Care Medicine. To order: Society of Critical Care Medicine, 8101 East Kaiser Blvd., Suite 300, Anaheim, CA 92808-2259, (714) 282-6056, (714) 282-6050 Fax, Website: <http://www.sccm.org>

-
- W** Protocols for Practice: Pain Management in the Acutely Ill (Author: Julie Stanik-Hoff), 1998.
Part of a series 6 books of Protocols for Practice: Creating a Healing Environment. To order: American Association of Critical Care Nurses, 101 Columbia, Aliso Viejo, CA 92656, (800) 899-2226, (949) 362-2000 Fax, Website: <http://www.aacn.org>, E-mail: aacninfo@aacn.org
-
- W** Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome – 2nd edition, updated 2002
Download guidelines from Reflex Sympathetic Dystrophy Syndrome Association (RSDSA) website at <http://www.rsds.org>
-
- W** Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis, and Juvenile Chronic Arthritis – American Pain Society, Volume 2, 2002.
Order from American Pain Society at <http://www.ampainsoc.org/>
-
- W** Guideline for the Management of Acute Pain in Sickle-Cell Disease – American Pain Society, 2001.
Order from American Pain Society at <http://www.ampainsoc.org>
-
- W** Building An Institutional Commitment to Pain Management order form - Wisconsin Cancer Pain Initiative, Madison, WI. (see full description under V. Quality Improvement, **Error! Reference source not found.**, Item 1)
-
- W** Standards of Clinical Nursing Practice for Pain Management – American Society of Pain Management Nurses
Order from American Society of Pain Management Nurses at <http://www.aspmn.org/>
-
- W** Self-Directed Learning Program: Epidural Analgesia for Acute Pain Management – American Society of Pain Management Nurses
Receive 4.6 contact hours for completing this program from the American Society of Pain Management Nurses. Order from website: <http://www.aspmn.org/>
- E. Other Organizations Links*
- | | |
|---|--|
| American Pain Society | http://www.ampainsoc.org/ |
| Agency for Healthcare Research and Quality | http://www.AHRQ.gov/ |
| Cynergy Group (equi-analgesic calculator) | http://www.cynergygroup.com |
| Institute Fulfillment Center (an A-Z listing of all the drugs that are available through patient assistance programs) | http://www.institutedc.org/ |
| Johns Hopkins Opioid Program | http://www.hopkinskimmelcancercenter.o rg/specialtycenters/hop.cfm |
| University of Wisconsin Pain & Policy Studies Group | http://www.medsch.wisc.edu/painpolicy/ |
- F. Key References*
- G. Position Statements/Standards*
-
- American Nurses Association Position Statement

W Endorsement of Position Statement on the Role of the Registered Nurse (RN) in the Management of Patients Receiving IV Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures, 1991 version, view on American Nurses Association website at <http://www.nursingworld.org/>

W California Board of Registered Nursing Position Statement – 1995 version
It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures. Download at <http://www.rn.ca.gov>

Pediatrics

Section Description: This section includes patient and family educational books and pamphlets as well as policy statements from professional organizations on pediatric pain management. Bibliographies on neonates and pediatric reference lists and resources are also included. Additional assessment tools for pediatrics can be found under the Research Instruments Section XVI in this Index.

A. City of Hope Publications

Shapiro BS, Ferrell BR. (1992). "Pain in children and the frail elderly: Similarities and implications." APS Bulletin – American Pain Society, (October/November): 11-13 - This article explores similarities of pain in children and the frail elderly. Loss of social power as a result of their helplessness predisposes them to neglect. The authors identify a paucity of research in the area resulting in inappropriate treatment and the invisibility of the problem.

Ferrell BR, Rhiner M, Shapiro B, Dierkes M. (1994). "The experience of pediatric cancer pain. Part I: Impact of pain on the family." Journal of Pediatric Nursing, 2(6): 368-379 - Part I of this 2-part article explores family caregivers' descriptions of their child's cancer pain. Qualitative data from 31 family caregivers is included in tables by key themes describing the child's pain and family impact.

Rhiner M, Ferrell BR, Shapiro B, Dierkes M. (1994). "The experience of pediatric cancer pain. Part II: Management of pain." Journal of Pediatric Nursing, 2(6): 380-387 - Part II of this 2-part qualitative study, includes interviews of 31 family caregivers. Key themes are identified in response to questions about 1) the role of parents in managing their child's cancer pain, 2) how nurses and doctors can help relieve pain, and 3) what advice would these parents give to parents in a similar situation.

Ferrell BR, Rhiner M, Shapiro B, Strause L. (1994). "The family experience of cancer pain management in children." Cancer Practice, 11/12(2): 441-446 - This study was conducted in a children's hospital (n=31), and a community hospice (n=8), with family caregivers of pediatric cancer patients as participants. Pain intensity was rated by children with cancer and their caregivers. Quantitative data includes a description of family caregivers knowledge and beliefs about pain.

B. Recommended Books

Children's Hospice/Home Care: An Implementation Manual for Nurses (Martinson,

W Martin, Lauer, Birenbaum, & Eng.) order form. To order: Children's Hospice International, 2202 Mt. Vernon Avenue, Suite 3C, Alexandria, VA 22301, (703) 684-0330, (703) 684-0226 Fax, Website: <http://www.chionline.org/>

W Implementation Manual: Establishing Hospice Programs to Serve Children and their Families (Brenner & Zarbock) order form. To order: Children's Hospice International, 2202 Mt. Vernon Avenue, Suite 3C, Alexandria, VA 22301, (703) 684-0330, (703) 684-0226 Fax, Website: <http://www.chionline.org/>

W Home Care for Seriously Ill Children: A Manual for Parents (Martinson & Moldow) order form. To order: Children's Hospice International, 2202 Mt. Vernon Avenue, Suite 3C, Alexandria, VA 22301, (703) 684-0330, (703) 684-0226 Fax, Website: <http://www.chionline.org/>

W Palliative Pain & Symptom Management for Children & Adolescents (Milch, Freeman & Clark) order form. To order: Children's Hospice International, 2202 Mt. Vernon Avenue, Suite 3C, Alexandria, VA 22301, (703) 684-0330, (703) 684-0226 Fax, Website: <http://www.chionline.org/>

W End of Life Care for Children (Texas Children's Cancer Center, Texas Children's Hospital) order form. To order: Children's Hospice International, 2202 Mt. Vernon Avenue, Suite 3C, Alexandria, VA 22301, (703) 684-0330, (703) 684-0226 Fax, Website: <http://www.chionline.org/>

W Chronic and Recurrent Pain in Children and Adolescents: Progress in Pain Research and Management, Vol. 13 order form – Authored by Patrick J. McGrath, PhD & G. Allen Finley, MD, FRCPC provides in-depth reviews of important issues relating to chronic pain in children. Website: <http://www.iasp-pain.org>

W Measurement of Pain in Children by G. Allen Finley & Patrick J. McGrath. ISBN : 0-931092-20-5. IASP Press. Website: <http://www.iasp-pain.org>

C. Educational Materials/Curriculum

W Pediatric Patient Education Book - City of Hope, Duarte, California
This booklet, "Your Child's Comfort: A Team Approach to Managing Your Child's Cancer Pain" provides parents with information to care for their child's pain caused by cancer or by procedures used to diagnose and treat the disease.

Pediatric Patient Education Book/Spanish - City of Hope, Duarte, California
(See description above)

Will It Hurt? Pediatric booklet series - U. of California, Los Angeles (1993 version)
- This 3-booklet series provides parents with information to help their infant, child, or teenager while in the hospital, with surgery and pain from other medical procedures.

W Children's Cancer Pain Can Be Relieved (for parents).
A 12 page booklet in Q&A format. Preview copy free of charge, additional copies \$0.50 plus postage. Distributed by the Wisconsin Cancer Pain Initiative. Download for free, or

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purchase from Wisconsin Cancer Pain Initiative website <http://www.wisc.edu/wcpi/>

D. Guidelines/Clinical Pathways

Cancer Pain Relief and Palliative Care in Children

W

World Health Organization (WHO) guidelines on the management of pain in children.

Available in English, Spanish, and French. To order: WHO Publication Center, 49

Sheridan Avenue, Albany, NY 12210, (518) 436-9686 X118, E-mail:

QCORP@compuserve.com, Website:

http://www.who.int/ncd/cancer/publications/books/ca_pain_relief_pall_care_in_childr_en.html

Reference Manual for the Wong-Baker Faces Pain Rating Scale (2000 version) - Donna Wong, PhD, RN, PNP, CPN, FAAN and Connie M. Baker, MS, CLS (\$5.00/copy)

- The Wong-Baker Faces Scale has been used extensively in pediatrics and in other populations. This comprehensive 54-page manual provides information regarding the development, reliability and validity of the tool and suggestions for its use.

CRIES Tool - Judy Bildner, RNC, MSN, Neonatal Clinical Nurse Specialist; University Hospital & Clinics, Children's Hospital, Columbia Missouri (1997 version)

W

Behavioral assessment tool for pain in neonates. Includes self learning module and documentation forms.

FLACC Scale (Face, Legs, Activity, Cry, Consolability) -C. S. Mott Children's Hospital, University of Michigan Medical Center (1996 version)

W

- Behavior assessment scale for use in non-verbal children or others unable to provide reports of pain. Reliability and validity information provided. For questions regarding this instrument, please contact Sandra Merkel at sandym@med.umich.edu

E. Other Organizations Links

Agency for Healthcare Research and Quality, Child Health <http://www.ahrpr.gov>

American Academy of Pediatrics <http://www.aap.org>

Association of Pediatric Oncology Nurses (APON) <http://www.apon.org>

Candlelighters Childhood Cancer Foundation <http://www.candlelighters.org>

Children's Hospice International <http://www.chionline.org>

The Compassionate Friends <http://www.compassionatefriends.org>

Make A Wish Foundation <http://www.wish.org>

Medical Algorithms Project <http://www.medal.org>

National Childhood Cancer Foundation <http://www.nccf.org>

National Children's Cancer Society <http://www.children-cancer.org>

National Guideline Clearinghouse http://www.guideline.gov/body_home.asp

Pediatric Pain <http://is.dal.ca/~pedpain/prohp.html>

F. Key References

Neonate packet

W

- Bibliography which includes 22 references – 2002 version

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- Pediatric materials resource list – 1997 version

G. Position Statements/Standards

American Pain Society Position Statement on Pediatric Chronic Pain – 2001 version

W

- This position statement is the result of a special committee formed of experts in pediatric pain management. It addresses issues pertinent to pediatric chronic pain such as the definition of chronic pain, assessment, treatment, education issues, research, policy implications, along with references. It is available through the web site of the American Pain Society at <http://www.ampainsoc.org> or by calling 847/375-4715.

ACEP Policy Statement/ Pediatric Analgesia and Sedation - American College of Emergency Physicians

- ACEP Policy Statement on the use of Pediatric Sedation and Analgesia (1992 version)

- Sacchetti A, Schafermeyer R, Gerardi M etc. “Pediatric Analgesia and Sedation.” Annals of Emergency Medicine, 1994; 23-2; 237-250.

American Academy of Pediatrics Position Statement on “The Assessment and Management of Acute Pain in Infants, Children, and Adolescents” (0793) – September, 2001

W

The American Academy of Pediatrics (AAP) and the American Pain Society (APS) jointly issue this statement to underscore the responsibility of pediatricians to take a leadership and advocacy role to ensure humane and competent treatment of pain and suffering in all infants, children, and adolescents. Website: <http://www.aap.org>

American Academy of Pediatrics (AAP) Position Statement on “Prevention and Management of Pain and Stress in the Neonate” (RE9945) – February, 2000

W

The objectives of this statement are to increase awareness that neonates experience pain; provide a physiological basis for neonatal pain and stress assessment and management by health care professionals; make recommendations for reduced exposure of the neonate to noxious stimuli and to minimize associated adverse outcomes; and recommend effective and safe interventions that relieve pain and stress. Website: <http://www.aap.org/>

American Society of Pain Management Nurses (ASPMN) Position Statement on “Neonatal Circumcision Pain Relief” – October, 2001

W

The ASPMN opposes the participation of nurses and other healthcare professionals in the performance of male neonatal circumcision without an anesthetic to treat the pain inherent in the procedure. Website: <http://www.aspmn.org>

American Academy of Pediatrics (AAP) Circumcision Policy Statement (RE9850) – March, 1999

W

Policy Statement regarding giving a child procedural analgesia (EMLA cream) before performing a circumcision procedure. Website: <http://www.aap.org/>

Costs

Section Description: This section includes several City of Hope publications related to cost issues in pain management.

For more information see VII Family/Home Care, **Error! Reference source not found.**, Item 6.

A. City of Hope Publications

____ Ferrell BR. (1993). "Cost issues surrounding the treatment of cancer related pain." Journal of Pharmaceutical Care in Pain and Symptom Control, 1(1): 9-23 - This article includes references of cost benefit comparisons of pain modalities used by the health care system in relieving cancer pain. Acquisition, setting, and administration of medication were important components of cost.

____ Ferrell BR, Griffith H. (1994). "Cost issues related to pain management: Report from the cancer pain panel of the Agency for Health Care Policy and Research." Journal of Pain and Symptom Management, 9(4): 221-234 - Presents a 13-point framework in an attempt to isolate specific cost issues related to pain management. A synopsis of these 13 areas of cost is discussed including the direction of health policy research for the future.

____ Ferrell BR, Rhiner M. (1994). "Use of technology in the management of cancer pain." Journal of Pharmaceutical Care in Pain and Symptom Control, 2(1): 17-35 - Results of a study of advanced pain technology (APT) for cancer pain management. 136 charts were audited from 9-acute care settings in 3-states. The population consisted of patients who were changed from oral analgesics to a PCA pump. Study findings revealed several areas in which clinical use of pain technology differs from the recommendations made by the World Health Organization and Agency for Health Care Policy and Research.

____ Grant M, Ferrell BR, Rivera LM, Lee J. (1995). "Unscheduled readmissions for uncontrolled symptoms ." Nursing Clinics of North America, 30(4): 673-682 - This paper summarizes the impact of quality improvement activities in reducing hospital admissions for uncontrolled pain and other symptoms.

____ Ferrell BR, Schaffner M. (1997). "Pharmacoeconomics and medical outcomes in pain management." Seminars in Anesthesia, 16(2): 152-159 - Overview of cost issues in pain management. Reviews medical and pharmacoeconomic outcomes of pain management.

____ Jacox A, Carr DB, Mahrenholz DM, Ferrell BM. (August 1997). "Cost considerations in patient-controlled analgesia." Pharmacoeconomics 1997, 12(2 Pt 1): 109-120 - This article reports on studies published between January 1984 and December 1995 which considered cost aspects of PCA.

____ Ferrell, BR. (2000). "The Cost of Comfort: Economics of Pain Management in Oncology." Oncology Economics, 1(9): 56-61. - This article reviews a framework for evaluating costs associated with pain management. It also discusses important implications for both clinicians and administrators in providing optimum pain relief within the context of the most cost-effective care.

B. Recommended Books

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

E. Other Organizations Links

F. Key ReferencesG. Position Statements/Standards

End of Life/Palliative Care

Section Description: This section includes book order forms, curriculum materials from a home care palliative education project, instruments used in end of life care, course syllabus on End-of-Life Care Content Guidelines, and position statements from professional organizations. Additional information on other resource centers on end-of-life care and information on educational programs such as the End of Life Nursing Education Consortium (ELNEC) is also available. Numerous other resources and information on end-of-life care are presented in the Resource List.

A. City of Hope Publications

_____ Ferrell BR, Virani R, Grant M. (March/April 1998). "HOPE: Home care Outreach for Palliative care Education" Cancer Practice, 6(2): 79-85 - Describes development and implementation of a five component training program for improved end of life care in home care.

_____ Ferrell BR, Virani R, Grant M. (1998). "Improving end-of-life care education in home care." Journal of Palliative Medicine, 1(1): 11-19 - Based on program described above. This article describes five program modules including overview of palliative care, pain management, symptom management, communication and the death event.

_____ Ferrell BR. (1998). "End of life care." Nursing 98, 28(9): 58-60 - Presents a survey of knowledge and beliefs regarding end of life care.

_____ Ferrell BR, Virani R, Grant M. (1999). "Analysis of symptom assessment and management content in nursing textbooks." Journal of Palliative Medicine, 2(2): 161-172 - This paper presents the findings from the textbook review (described in article "5" below) specific to symptom management.

_____ Ferrell BR, Virani R, Grant M. (1999). "Analysis of end-of-life content in nursing textbooks." Oncology Nursing Forum, 26(5): 869-876 - Presents the overall findings of a review of 50 leading nursing texts regarding nine areas of end of life content.

_____ Ferrell BR, Virani R, Grant M. (1999). "Review of communication and family caregiver content in nursing texts." Journal of Hospice and Palliative Nursing, 1(3): 97-107 - Presents the overall findings of a review of 50 leading nursing texts specific to areas of communication and family caregiver content (see article "5" above).

_____ Ferrell BR, Virani R, Grant M, Borneman T. (1999). "Analysis of content regarding death and bereavement in nursing texts." Psycho-Oncology, 8(6): 500-510 - Presents findings from textbook review (see article "5" above) specific to areas of death/bereavement.

_____ Ferrell BR, Grant M, Virani R. (1999). "Strengthening nursing education to improve end-of-life care." Nursing Outlook, 47(6): 252-256 - Describes results of a survey to assess the perceptions of nursing faculty and state boards of nursing on end-of-life care.

____ Ferrell BR, Virani R, Grant M, Juarez G. (2000). "Analysis of Palliative Care Content in Nursing Textbooks." Journal of Palliative Care, 16(1): 39-47 - This paper reports on the review of end-of-life content in nursing textbooks (see Article "5" above) specific to areas of palliative care defined, quality of life, issues of policy, ethics and law.

____ Ferrell BR, Virani R, Grant M, Coyne P, Uman G. (2000). "Beyond the Supreme Court Decision: Nursing Perspectives on End-of-Life Care." Oncology Nursing Forum, 27(3): 445-455 - Results of a descriptive cross-sectional survey (N=2,333) describing nurses' views of care of the terminally ill.

____ Ferrell BR, Virani R, Grant M, Vallerand A, McCaffery M. (2000). "Analysis of Pain Content in Nursing Textbooks." Journal of Pain and Symptom Management, 19(3): 216-228 - This paper presents findings from textbook review (see Article "5" above) specific to areas of pain.

____ McCahill L, Ferrell BR, Virani R. (2001). "Improving cancer care at the end of life." The Lancet Oncology, 2(February 2001): 103-108 - This paper reviews the critical necessity for reform in end-of-life care for the field of oncology and the major educational efforts required to ensure that oncology professionals can respond to this need.

____ Ferrell BR (2001). "Caring at the end of life." Reflections, 25(4): 31-45.

____ Ferrell BR, Borneman T (2002). "Community Implementation of Home Care Palliative Care Education." Cancer Practice, 10(1): 20-27.

____ Ferrell BR, Coyle N (2002). "An Overview of Palliative Nursing Care." American Journal of Nursing, 102(5): 26-31 - Studies tell us that most people fear a protracted, painful death; unfortunately, this is what many experience. Palliative nursing care seeks to change this. This new series challenges nurses to think differently about caring for people when a cure isn't possible.

____ ***Matzo ML, Sherman DW, Mazanec P, Barber, MA, Virani R, McLaughlin MM (2002). "Teaching Cultural Considerations at the End of Life: End of Life Nursing Education Consortium Program Recommendations." Journal of Continuing Education in Nursing, 33(6): 270-278.***

B. Recommended Books

____ **W** Approaching Death: Improving Care at the End of Life Report of the Institute of Medicine order form. Editors: Marilyn J. Field and Christine K. Cassel. 1997. ISBN # 0-309-06372-8. Order form available at <http://www.nap.edu>

____ **W** Dying Well order form. Author: Ira Byock. Published by Riverhead Books, 1998. ISBN # 1573226572. Order form available at <http://www.amazon.com>

____ **W** Finding Your Way: A Guide for End-of-Life Medical Decisions order form. Published by Sacramento Healthcare Decisions. Order form available at <http://www.sachealthdecisions.org/>

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- W** Hospice Concepts: A Guide to Palliative Care in Terminal Illness order form. By Shirley Ann Smith, RN, MSN. Order form available at <http://www.researchpress.com>
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- W** Improving Care for the End of Life order form. By Joanne Lynn, M.D., Janice Lynch Schuster, and Andrea Kabcenell, R.N. Oxford University Press, 2000. ISBN # 0195116615. Order form available at <http://www.oup-usa.org> or <http://www.abcd-caring.org>
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- W** Innovations in End-of-Life Care Two Volume Series order form. Edited by Mildred Z. Solomon, Anna L. Romer, Karen S. Heller, and David E. Weissman. Volume 1: ISBN 0-913113-87-5, Volume 2: ISBN 0-913113-92-1. Order form available at <http://www.liebertpub.com/books>
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- W** Palliative Care Nursing Education: Quality Care to the End of Life order form. By Marianne Matzo, PhD, RN, GNP, CS and Deborah Sherman, PhD, RN, ANP, CS. ISBN #: 0-8261-1384-2. Order form available at http://www.springerpub.com/store/page1384_2.html
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- W** Textbook of Palliative Nursing order form. Edited by Betty R. Ferrell and Nessa Coyle. Oxford University Press, 2001. ISBN #0195135741. Order form available at <http://www.oup-usa.org/>
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- W** Text on Suffering order form (1996). Edited by Betty Ferrell with chapters addressing various dimensions of suffering in AIDS, cancer, pediatrics. Order form available at <http://www.jbpub.com>
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- W** Principles and Practice of Supportive Oncology order form. By Ann M. Berger, Russell K. Portenoy & David E. Weissman. (Eds.) (2002). Lippincott-Raven: Philadelphia, PA. ISBN #: 0-7817-3324-3. Order form available on Lippincott Williams & Wilkins website at: <http://www.lww.com/productdetailresults/1,2265,507174889,00.html>
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- W** End of Life Nursing Care by Belinda Poor and Gail P. Poirrier (2001) order form. This 489 page book flows smoothly from historical perspectives to caring for the caregiver; and includes theories, holistic models, the grief process and responses to loss, ethical and legal considerations, patient centered care, communication, management of specific terminal illnesses, and issues across the lifespan. ISBN: 0-7637-1421-6. Jones and Bartlett Publishers. Order form available at <http://nursing.jbpub.com>
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- W** Hospice and Palliative Care: Concepts and Practice order form. By Denice C. Sheehan and Walter Forman (2003), This 216 page book offers theoretical perspectives and practical information about this growing field. In the first part, the authors present a historical overview of hospice and explain how the interdisciplinary team functions in the hospice setting. In the second part, the authors discuss challenges to the team including symptom management, death education, ethical issues, and support groups. The future of hospice is addressed in the final part. The contributors are experts in community medical care, geriatric care, nursing care, pain management, research, counseling, and hospice management. ISBN #: 0763715662. Jones and Bartlett Publishers. Order form available at <http://nursing.jbpub.com>.

W Crossing Over: Narratives of Palliative Care. By D. Barnard, AM Towers, P. Boston & L. Yanna. (2000). Oxford University Press. ISBN: 0195123433. Website: <http://www.oup-usa.org>

W I Don't Know What to Say: How to Help and Support Someone Who is Dying. By R. Buckman (1992). Vintage Books. ASIN: 0679732020. Website: <http://www.amazon.com>

W Final Gifts: Understanding the Special Awareness, Needs & Communications of the Dying. By M. Callanan & P. Kelley (1992). Bantam Books. ISBN: 0-553-37876-7. Website: <http://www.randomhouse.com>

W Handbook of Psychiatry in Palliative Medicine. By H.M. Chochinov & W. Breitbart (Eds) (2000). ISBN # 0195092996. Oxford University Press. Website: <http://www.oup-usa.org>

W Oxford Textbook of Palliative Medicine, Second Edition. By D. Doyle, G. Hanks & N. MacDonald (Eds) (1998). Oxford University Press. ISBN: 0192630571. Website: <http://www.oup-usa.org>

W The Measure of Our Days. By J. Groopman (1997). Penguin Putnam Inc. ISBN: 014026972X. Website: <http://www.penguinputnam.com>

W Psycho-oncology. By J.C. Holland (Ed) (1998). Oxford University Press. ISBN: 0195106148. Website: <http://www.oup-usa.org>

W Terminal Illness: A Guide to Nursing Care, 2nd edition. By Charles Kemp (1999). J.B. Lippincott Co. ISBN: 0-7817-1772-8. Website: <http://www.lww.com>

W Palliative Medicine: A Case-Based Manual. By N. MacDonald (1998). Oxford University Press, Inc. ISBN: 0192626574. Website: <http://www.oup-usa.org>

C. Educational Materials/ Curriculum

W Curriculum materials (\$60.00/copy) – Order Form ONLY Available Online
Home care Outreach for Palliative Care Education (HOPE) training program. The training materials include a 215 page syllabus including participant outlines, detailed faculty teaching outlines, PowerPoint slides, and extensive handout materials.

W Care of the Dying Patient - Video Listing (updated 4/03)
 Updated 6 times a year. This project, funded by the Project on Death in America, is a listing of more than 250 videos recommended for use in palliative care education. Compiled by Marianne Matzo, RN, PhD, FAAN.

W Education for Physicians on End-of-Life Care (EPEC)
 Ordering information and description of a train the trainer program designed to educate physicians in the essential clinical competencies in end of life care. Program supported by a grant from the Robert Wood Johnson Foundation and sponsored by Northwestern University Medical School. Website: <http://www.epec.net>

W End of Life Care CD-ROM Program – Network for Continuing Medical Education CD-ROM Program, created by Christine K. Cassel, Diane E. Meier, and R. Sean Morrison, the Mount Sinai team explores the elements of good palliative care and discusses the barriers to adequate pain control for patients in need. Approved for up to 2 credit hours in category 1 (PRA/AMA), 1 prescribed hour (AAFP), AMA category 1 credit accepted (AAPA), and up to 2 credit hours in category 2 (AOA). Website: <http://www.ncme.com/>

End of Life Care Content Guidelines, City of Hope, Duarte, CA (\$5.00/copy) – 1999 version

78 page syllabus including content outlines and references for 9 common end-of-life care topics, i.e. palliative care defined; quality of life at the end of life; pain; symptom management; communication with dying patients and family members; role/needs of family caregivers; dying process and death; ethics, issues of policy and law; bereavement. These outlines are useful to develop curriculum or as content for publications

W End of Life: Exploring Death in America
Presents information on the “End of Life” series from National Public Radio (NPR). Includes an audio file and transcripts from the programs. Highlights issues such as coping with death, palliative medicine, grief and bereavement, funerals, reincarnation, and funeral homes. Includes a list of resources for people with life-threatening diseases and their families. Contains a bibliography of books and journal articles dealing with terminal illness, bereavement, grief, and medical and social policy relating to the care of the terminally ill. Website: <http://www.npr.org/programs/death/>

W End of Life Nursing Education Consortium (ELNEC) Project: Advancing End-of-Life Nursing Care
A comprehensive national education program to improve end-of-life care by nurses funded by the Robert Wood Johnson Foundation. Information available on the American Association of Colleges of Nursing (AACN) website: <http://www.aacn.nche.edu/ELNEC>

W Hospice and Palliative Nursing Practice Review, Third Edition, Hospice and Palliative Nurses Association – 1999 version
A review guide based on current hospice and palliative nursing practice. The updated guide contains materials based on current outcomes revealed by a national job analysis study conducted by the National Board for Certification of Hospice and Palliative Nurses (NBCHPN). ISBN # 0-7872-5680-3. Order form available at <http://www.kendallhunt.com>

W Instruments Used in End of Life Care Education, City of Hope, Duarte, CA (\$5.00/copy) – 1999 version
- A collection of instruments currently in use by City of Hope investigators to assess staff knowledge and needs to improve end of life care. Curriculum Survey for Nursing Schools; Clinical Nurse Survey; Home Care/Hospice Agencies; Home Care Nurses and HHAs; Knowledge Assessment for Nurses; Knowledge Assessment for HHA's; Chart Audit Tool; Case Analysis Form

W Tool-Kit for Nursing Excellence at End of Life Transition (TNEEL).
TNEEL is a package of electronic tools for palliative care education (2001). Principal investigator, Diana Wilkie, PhD, RN, AOCN, FAAN, University of Washington, Seattle, WA. View more information about the program on the website: <http://www.son.washington.edu/departments/bnhs/pain/tneel.asp>

W Completing a Life: a resource for Taking Charge, Finding Comfort, Reaching Closure
An interactive CD-ROM inviting patients and families to learn about the practical, emotional, spiritual, and medical issues faced by those dealing with advanced illness. The CD-ROM is available now through the Instructional Media Center at Michigan State University. For CD-ROM ordering information call 517-353-9229 or order directly from the web site: <http://www.completingalife.msu.edu/>

W Disseminating End-of-Life Education to Cancer Centers (DELEtCC)
A national educational program to prepare interdisciplinary healthcare providers as clinical leaders in end-of-life care for cancer patients and their families. The program is supported by a grant from The National Cancer Institute and sponsored by City of Hope National Medical Center. Website: <http://deletcc.coh.org>

W Heart-to-Heart: Improving Care for the Dying through Public Policy
This audio program is a must for any policymaker or professional who wants to understand the issues surrounding pain management and what can be done to improve care of the dying. Distributed by Partnership for Caring. Order on the web at <http://www.partnershipforcaring.org/>, (WHEN ON THE WEBSITE click on “Store Products”, click on “Order Form”, click on Heart-to-Heart under “Audio”).

W Graceful Passages
Interfaith audio resource (CD) to assist caregivers, dying persons, and their families to help transition from denial to acceptance. To order: Companion Arts, P.O. Box 2528, Novato, CA 94948-2528, (415) 209-9408, (888) 242-6608, Website: <http://www.gracefulpassages.com>, E-mail: music@gracefulpassages.com

D. Guidelines/Clinical Pathways

W End-Stage Renal Disease Workgroup Report
Clinicians and researchers working with end-stage renal disease (ESRD) can now access an important palliative care resource online. *Promoting Excellence* announces the availability of “Completing the Continuum of Nephrology Care – the End-Stage Renal Disease Peer Workgroup Recommendations to the Field” at its web site. The report presents the methods, findings, recommendations and products of the ESRD Workgroup sponsored by the *Promoting Excellence in End-of-Life Care* Project. Website: <http://www.promotingexcellence.org/esrd/>

W Pioneering Practices in Palliative Nursing Care
In July 2001, *Promoting Excellence in End-of-Life Care* convened a group of advanced practice nurses (APNs) to hold a conversation on the state of palliative care advanced practice nursing in the United States, to identify gaps in and barriers to that practice and to develop strategies for the future. The report on this important gathering of APNs working in the field of palliative care is now available on the *Promoting Excellence* web site.

Website: <http://www.promotingexcellence.org/apn/>

E. Other Organizational Links

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| American Academy of Hospice and Palliative Medicine | http://www.aahpm.org |
| Americans for Better Care of the Dying (ABCD) | http://www.ABCD-caring.org/ |
| American Board of Hospice and Palliative Medicine | http://www.abhpm.org/ |
| American Hospice Foundation | http://www.americanhospice.org/ |
| American Society of Hospice & Palliative Medicine | http://www.aahpm.org/ |
| American Society of Pain Management Nurses | http://www.aspmn.org |
| Association of Death Education and Counseling (ADEC) | http://www.adec.org |
| At the End of Life | http://www.aarp.org/confacts/programs/endoflife.html |
| Before I Die: Medical Care and Personal Choices | http://www.wnet.org/archive/bid/ |
| Bereavement and Hospice Support Netline | http://www.ubalt.edu/ |
| The Careguide.com | http://www.thecareguide.com/ |
| Center to Advance Palliative Care (CAPC) | http://www.capcmssm.org e-mail: robert.dantuono@mssm.edu |
| Center for Hospice and Palliative Care | http://www.hospicebuffalo.org/ |
| Center to Improve Care of the Dying | http://www.gwu.edu/~cicd/ |
| Compassion in Dying | http://www.CompassionInDying.org/ |
| Decisions Near the End of Life Education Development Center, Inc. | http://www.edc.org/CAE/Decisions/dnel.html/ |
| Designing an Agenda for the Nursing Profession on End of Life Care, 1999. | http://www.aacn.org/ |
| Dying Well | http://www.dyingwell.org or http://www.dyingwell.com |
| The Edmonton Palliative Care Program | http://www.palliative.org/ |
| Education for Physicians on End of Life Care (EPEC) | http://www.epec.net/ |
| The End of Life: Exploring Death in America | http://www.npr.org/programs/death/ |
| End of Life Nursing Education Consortium (ELNEC) | http://www.aacn.nche.edu/elneec/ |
| End of Life Physician Education Resource Center (EPERC) | http://www.eperc.mcw.edu/ |

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| European Association for Palliative Care | http://www.eapcnet.org/ |
| Final Thoughts | http://www.finalthoughts.com/ |
| Griefnet | http://www.griefnet.org/ |
| Grief Recovery Online for ALL Bereaved | http://www.groww.org/ |
| Growth House, Inc. | http://www.growthhouse.org/ |
| Harvard Medical School Center for Palliative Care | http://www.hms.harvard.edu/cdi/pallcare/ |
| The Hospice of the Florida Suncoast | http://www.thehospice.org |
| Hospice and Palliative Nurses Association | http://www.hpna.org/ |
| Hospice Foundation of America | http://www.hospicefoundation.org/ |
| Hospice Hands | http://www.hospicecares.org |
| Hospice Home Page | http://www.scu.edu/Hospice/ |
| Hospice Net | http://www.hospicenet.org/ |
| Hospice Resources | http://www.hospiceresources.net/ |
| Innovations in End of Life Care | http://www.edc.org/lastacts/ |
| Last Acts Campaign | http://www.lastacts.org/ |
| Missoula Demonstration Project | http://www.missoulademonstration.org/ |
| National Hospice and Palliative Care Organization | http://www.nhpco.org/ |
| National Prison Hospice Association – Development of Hospice Care in Correctional Facilities | http://www.npha.org/ |
| National Public Health: Exploring Death in America | http://www.npr.org/ |
| On Our Own Terms: | http://www.pbs.org/wnet/onourown/terms/ |
| Open Society Institute Project on Death in America | http://www.soros.org/death/ |
| Pain Medicine and Palliative Care Resource Center | http://www.stoppain.org/ |
| Palliative Care | http://www.growthhouse.org/ |
| Partnership for Caring: America's Voices for the Dying | http://www.partnershipforcaring.org/HomePage/ |
| Promoting Excellence in End of Life Care | http://www.promotingexcellence.org/ |
| Sacramento Healthcare Decisions | http://www.sachealthdecisions.org/ |
| Supportive Care of the Dying: | http://www.careofdying.org/ |
| Toolkit of Instruments to Measure EOL Care | http://www.chcr.brown.edu/pcoc/toolkit.htm |
| F. <u>Key References</u> | |

W Palliative Care Services Bibliography
A bibliography compiled by Drs. Andrew Billings and Charles VonGunten regarding organization and development of Palliative Care Services and units.

G. Position Statements/Standards

W American Nurses Association (ANA) Position Statements:
Promotion of comfort and relief of pain in dying patients;
Assisted Suicide and Euthanasia;
Nursing and the patient self-determination acts;
Nursing care and Do-Not-Resuscitate decisions;
Foregoing nutrition and hydration.
To order and/or to download off the web: American Nurses Association, 600 Maryland Ave, SW, Suite 100 West, Washington, DC 20024, (202) 651-7000, (202) 651-7001 FAX, Website: <http://www.ana.org>

W American Society of Pain Management Nurses (ASPMN) Position Statements:
End of Life Care
Assisted Suicide
Website: <http://www.aspmn.org>

W American Psychological Association Position Statement on End of Life Care
American Psychological Association Fact Sheet on End-of-Life Care. Fact Sheet can be found on APA website at <http://www.apa.org/pi/eol/factsheet1.pdf>

W Active Euthanasia and Assisted Suicide, Cancer Pain Management, and ONS and Association of Oncology Social Work Joint Position on End of Life Care
Oncology Nursing Society positions that may be downloaded and printed at no charge from ONS online at <http://www.ons.org> or contact: Oncology Nursing Society, 501 Holiday Drive, Pittsburgh, PA 15220-2749 (412) 921-7373, (412) 921-6565. Website: <http://www.ons.org>

W Statement on the Scope and Standards of Hospice and Palliative Nursing Practice
This book is a revision of the 1995 Standards of Nursing Practice and Performance. It includes changes in the organizing principles to reflect current practice in both hospice and palliative nursing and to be in agreement with the ANA Standards of Clinical Nursing Practice (1998). ISBN # 0-7872-6766-X. Order from website at <http://www.kendallhunt.com>

NHPCO Task Force Statement on Ethics of Hospice Participation in Research - Casarett D, Ferrell B, Kirschling J, Levetown M, Merriman M, Ramey M, Silverman P In: Journal of Palliative Medicine [4(4): 441-449] – This task force statement discusses the importance of hospices' potential contributions to research and describes way in which characteristics of hospice patients, and hospices' structure, create ethical challenges that may limit these contributions. It concludes by proposing ways in which hospices and national professional organizations can begin to overcome some of these challenges.

W Advanced Practice Nurses Role In Palliative Care Position Statement – American Nursing Leaders (2002)
Position statement developed through the Advanced Practice Nursing Meeting in Philadelphia in 2001 endorsed by the Promoting Excellence in End-of-Life Care program.

Palliative Surgery

A. City of Hope Publications

Krouse RS, Nelson RA, Ferrell BR, Grube B, Juarez G, Wagman LD, Chu D ZJ. (2001). “Surgical Palliation at a Cancer Center: incidence and outcomes”. Arch Surg, 136(7): 773-778.

McCahill LE, Krouse R, Chu D, Juarez G, Uman G, Ferrell B, Wagman LD (2002). “Indications and Use of Palliative Surgery-Results of Society of Surgical Oncology Survey.” Annals of Surgical Oncology, 9(1): 104-112 – A 110-item survey to test the definition of palliative surgery, assess the extent of use, and evaluate the attitudes and goals of surgeons regarding it was devised for Society of Surgical Oncology members. As a result, palliative surgery is a major portion of surgical oncology practice. Quality-of-life parameters, not patient survival, were identified as the most important goals of palliative surgery.

McCahill LE, Ferrell B (2002). “Palliative surgery for cancer pain.” Western Journal of Medicine, 176: 107-110 – this article discusses surgery as a therapeutic option in the management of pain in cancer patients.

McCahill LE, Krouse RS, Chu D ZJ, Juarez G, Uman G, Ferrell BR, Wagman LD. (2002). “Decision Making in Palliative Surgery.” Journal of the American College of Surgeons, 195: 411-423 – surgeons with a cancer-focused practice were surveyed to determine the extent to which palliative surgery was currently practiced, to identify ethical dilemmas and barriers they faced in performing palliative surgery, and to evaluate their treatment choices in four different clinical scenarios.

Cullinane CA, Chu D ZJ, Mamelak AN. (2002). “Current Surgical Options in the Control of Cancer Pain.” Cancer Practice, 1 (Suppl 1): S21-S26 – this article reviews the options, indications, and side effects of the interventional and surgical methods available for the treatment of cancer-related pain.

B. Recommended Books

W Surgical Oncology Clinics of North America issue titled “The Surgeon and Palliative Care”
(website link only) – January 2001, volume 10, number 1. Website:
<http://www.harcourthealth.com/fcgi-bin/displaypage.pl?isbn=10553207>

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

Partners for Understanding Pain
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E. Other Organizational Links

ASCO

<http://www.asco.org/>

Society of Surgical Oncology

<http://www.surgonc.org/>F. Key ReferencesG. Position Statements/Standards

Culture

Section Description: This section offers resources related to cultural issues and pain, pocket guides, and guidelines for cultural competency.

A. City of Hope Publications

_____ Juarez G, Ferrell BR, Borneman T. (1998). "Influence of culture on cancer pain management in Hispanic patients (Part I)." *Cancer Practice*, 6(5): 262-269 - Discussion of the influence of culture on pain management including use of non-drug interventions.

_____ Juarez G, Ferrell BR, Borneman T. (1998). "Perceptions of quality of life in Hispanic patients with cancer (Part II)." *Cancer Practice*, 6(6): 318-324 - Article focusing on the perceptions of quality of life based on a study of pain management at home with a focus on Hispanic patients.

_____ Juarez G, Ferrell B, Borneman T. (1999). "Cultural considerations in education for cancer pain management." *Journal of Cancer Education*, 14(3): 168-173 - Article describing a study to evaluate a structure program to educate patients on cancer pain management and compares findings of 3 ethnic groups.

B. Recommended Books

_____ *W* Culture & Nursing Care: A Pocket Guide order form - UCSF Nursing Press, San Francisco, CA. Editors: Juliene G. Lipson, RN, PhD, FAAN; Suzanne L. Dibble, RN, DNSc; and Pamela A. Minarik, RN, MS, FAAN. This book offers nurses an overview of human diversity, similarities as well as differences between and within various cultural groups. Book order form only.

_____ *W* Cultural Issues in End-of-Life Decision Making order form - Book intended to prepare nurses, physicians, and other health care workers to provide guidance, insofar as they are most frequently in contact with the patient and his/her family at the time choices must be made. Edited by Kathryn L. Braun, James H. Pietsch, & Patricia L. Blanchette, all at University of Hawaii. Order from Sage Publications at <http://www.sagepub.com>, e-mail: order@sagepub.com

C. Educational Materials/Curriculum

_____ *W* Fast Facts-5 Minute Inservice

Cultural Aspects of Pain Management

D. Guidelines/Clinical Pathways

_____ *W* Oncology Nursing Society Multicultural Outcomes: Guidelines for Cultural Competence Document to help nurses to understand the concepts and develop the skills needed to provide culturally competent care. Members may log onto the ONS website at <http://www.ons.org> to download materials.

Non-members can go to customer service on the ONS website at <http://www.ons.org> call 412-921-7373, or e-mail customer.service@ons.org

E. Other Organizational Links

| | |
|---|---|
| Center for Cross Cultural Health | http://www.crosshealth.com |
| Cross Cultural Health Care Program | http://www.xculture.org |
| Cultural Competency and Diversity | http://www.cstprogram.org/ |
| Health Professionals for Diversity | http://www.aamc.org/about/progemph/diverse/ |
| Intercultural Cancer Council | http://www.iccnetwork.org |
| Intercultural Communication Institute | http://www.intercultural.org |
| National Cancer Institute's Office of Minority Health Resource Center | http://www.omhrc.gov |
| Office of Special Population Research | http://ospr.nci.nih.gov/default.htm |
| Resources for Cross Cultural Health Care | http://www.diversityrx.org |

F. Key References

A bibliography including 36 references to literature regarding cultural issues and pain – 2002 version

American Society of Law, Medicine & Ethics. Annotated selected bibliography published in 1996 for pain, culture and consent.

G. Position Statements/Standards

Sickle Cell

Section Description: This section includes physician and patient resource guides in pain management in sickle cell as well as clinical pathways for treatment. Videos and guidelines for treatment are also available.

A. City of Hope Publications

B. Recommended Books

Sickle Cell Pain: Progress in Pain Research and Management order form - Ballis, S.M. (1998). International Association for the Study of Pain, Volume 11. Seattle: IASP Press. To view order form, visit website at: <http://www.painbooks.org/orderfor.html>

Sickle Cell Disease: Information for School Personnel order form - Sickle Cell Advisory Committee. Trenton, NJ: Special Child, Adult and Intervention Services, New Jersey Department of Health and Senior Services, September 1999. View online at <http://www.state.nj.us/health/fhs/sicklecell/>

C. Educational Materials/Curriculum

"Sickle Cell Provider Video Course" order form – Georgia Sickle Cell Center, Grady Health System, Atlanta, Georgia. Includes a 10-hr. course designed to educate health care providers about the latest developments in common clinical issues in sickle cell disease treatment.

D. Guidelines/Clinical Pathways

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W

“Guideline for the Management of Acute and Chronic Pain in Sickle Cell Disease”, 1999
version – American Pain Society publication guideline.

Resource Packet

W

Ordering information for “Sickle Cell Related Pain: Assessment & Management” booklets including proceedings from a New England Conference on Management of Pain in Sickle Cell Disease, a patients guide and a physician quick reference guide.

Sickle Cell Pain Relief Record

Developed by St. Francis Hospital & Medical Center in Hartford, CT. Booklet for pediatric patients record keeping of pain management protocol and visit log.

- Guidelines for Standard of Care of Painful Episodes in Patients with Sickle Cell Disease. Developed by Samir K. Ballas, M.D., FACP, FASCP at Thomas Jefferson University-Jefferson Medical College. Booklet describes assessment and management of sickle cell pain.

- 2 and 7 day version of clinical pathway for sickle cell inpatients with uncomplicated crisis who are admitted for pain control. Developed by University of Pittsburgh Medical Center.

W

Guideline for the Management of Acute Pain in Sickle Cell Disease, Quick Reference Guide for Emergency Department Clinicians (2001 version). Available from the American Pain Society, 847/375-4715 or e-mail: info@ampainsoc.org. Order form available on the Pain Resource Center website.

E. Other Organizational Links

Sickle Cell Disease Association of America, <http://www.sicklecelldisease.org/>
Inc.

The Sickle Cell Information Center – The <http://www.emory.edu/PEDS/SICKLE/>
Georgia Comprehensive Sickle Cell Center at
Grady Health System, Emory University
School of Medicine, Atlanta, GA

F. Key References

G. Position Statements/Standards

HIV/AIDS

Section Description: This section includes books and pamphlet order forms along with information on professional organizations focused on AIDS care.

A. City of Hope Publications

B. Recommended Books

W

HIV/AIDS: A Guide to Primary Care Management by P.J. Ungvarski & J.H. Flaserud.
Published by W.B. Saunders Co. ISBN #: 0721673228. Website:
<http://www.us.elsevierhealth.com/>

W

HIV: Nursing and Symptom Management by M.E. Ropka & A.B. Williams. Published
by Jones & Bartlett. ISBN #: 0763705446. Website: <http://www.jbpub.com/>

W

HIV/AIDS Nursing Handbook by Carl Kirton, Dorothy Talotta, Kenneth Zwolski.
Published by Mosby, Inc. ISBN #: 0323003362. Website: <http://www.mosby.com>

C. Educational Materials/Curriculum

D. Guidelines/Clinical Pathways

E. Other Organizational Links

AIDS Healthcare Foundation <http://www.aidshealth.org/>

| | |
|--|---|
| AIDS.org | http://www.aids.org/ |
| American Foundation for AIDS Research (amfAR) | http://www.amfar.org/ |
| APA AIDS Resource Center | http://www.psych.org/aids/ |
| Association of Nurses in AIDS Care (ANAC) | http://www.anacnet.org e-mail: AIDSNURES@aol.com |
| Critical Path AIDS Project | http://www.critpath.org/ |
| Elizabeth Glaser Pediatric AIDS Foundation | http://www.pedaids.org/ |
| Gay Men's Health Crisis (GMHC) | http://www.gmhc.org/ |
| HIV/AIDS Treatment Information Service | http://www.hivatis.org/ |
| International AIDS Society | http://www.aidsonline.com/ |
| International Association of Physicians in AIDS Care | http://www.iapac.org/ |
| National AIDS Clearinghouse | http://www.cdcnpin.org |
| National Association of People with AIDS (NAPWA) | http://www.napwa.org/ |
| National Association on HIV Over Fifty (NAHOF) | http://www.hivoverfifty.org/ |
| National Pediatric HIV/AIDS Center | http://www.pedhiv aids.org/ |
| The Body: An AIDS and HIV Information Resource | http://www.thebody.com/index.shtml |
| The Network Project | http://www.networkproject.org/modules/08/index02.html |

F. Key References

G. Position Statements/Standards

Palliative Care for Persons Living with HIV/AIDS including Substance Users
 Position statement from the Association of Nurses in AIDS Care (ANAC), 1999. The position statement can be downloaded on the ANAC website at <http://www.anacnet.org/about/policy.htm>

Research Instruments

Section Description: This section includes numerous clinical and research tools addressing quality of life, pain, psychosocial assessment, medical staff knowledge and attitudes, brief pain surveys, and needs assessments from various sources are included in this section. Knowledge and attitudes surveys address general pain issues and professionals such as nurses, pediatric nurses, rehabilitation professionals, and medical staff. Quality of life tools from the City of Hope are designed for various populations and diseases including patient and family versions and tools adapted for Bone Marrow Transplant, Breast Cancer, and Thyroid conditions.

Quality of Life Instruments - City of Hope, Duarte, California

Patient Version - is a 41-item ordinal scale that measures quality of life through physical, psychological, social, and spiritual domains. This tool has been used extensively in pain and cancer survivorship research. Also includes Spanish version of instrument

Family Version - is a 37-item instrument that measures QOL of a family member caring

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for a patient with cancer. Also includes Spanish version of instrument
 Bone Marrow Transplant Version- is an 84-item tool specific for use in BMT
 Breast Cancer Version – is a 46-item tool specific for use in Breast Cancer
 Thyroid Cancer Version – is a 34-item tool specific for use in Thyroid Cancer
 Ovarian Cancer Version – is a 43-item tool specific for use in Ovarian Cancer

Nurses' Knowledge and Attitudes Tool - City of Hope, Duarte, California

W An instrument to measure knowledge and attitudes regarding pain in health care professionals. Used extensively by clinical settings for several years, this tool provides descriptive data regarding areas of needed pain education. (see Item "14" below for pediatric version).

Controlling Pain Vignettes - City of Hope, Duarte, California

W - The vignettes for use with health care professionals, published in a series in the journal Nursing, provide case vignettes related to patient characteristics (i.e. age, behavior) and pain control. Options are presented along with the "right choice" and its rationale. Useful as a brief survey to assess staff knowledge and decisions regarding pain.

Pain Audit Tools - City of Hope, Duarte, California

W - These tools have been used extensively in pain/QA efforts. Includes pain chart audit instrument, a version for surgical pain, and a patient interview tool. (Also see related articles under V. Quality Improvement, **Error! Reference source not found.**).

Clinical Decision Making Tool - City of Hope, Duarte, California

W This 14-item survey assesses nurses' clinical decision making regarding pain management.

Family Pain Questionnaire - City of Hope, Duarte, California

W - The Family Pain Questionnaire (FPQ) is a sixteen-item ordinal scale that measures the knowledge and experience of a family caregiver in managing chronic cancer pain. This tool can be used in clinical practice as well as research.

Patient Pain Questionnaire - City of Hope, Duarte, California

W - The Patient Pain Questionnaire (PPQ) is a sixteen-item ordinal scale that measures the knowledge and experience of a patient in managing chronic cancer pain. This tool can be useful in clinical practice as well as for research.

Psychosocial Pain Assessment Form - City of Hope, Duarte, California (1995 version)

W - Developed by Supportive Care Services, this 7-page assessment/interview form measures the impact of pain on five areas; economics, social support, activities of daily living, emotional problems, and coping behaviors as perceived by the interviewer, patient and significant other.

Multidimensional Affect and Pain Scale (MAPS) - College of Physicians & Surgeons, New York, NY (1995 version)

- Developed at the College of Physicians and Surgeons of Columbia University,

this 30 page packet provides a combined affect and pain questionnaire. There is also a 21 page update included.

W

Medical Staff Knowledge & Attitudes Pain Survey - Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire (1995 version)

- 46 item instrument used to assess medical staff regarding knowledge and attitudes regarding pain.

W

Brief Pain Surveys (1996 version)

- This is a collection of 6 brief surveys: Pain Assessment/Behavior Survey; Pain/Gender Survey; Brief Cancer Pain Information Survey; Pain Addiction Survey; Brief Pharmacology Survey; Test Questions. These short surveys developed by Margo McCaffery and Betty Ferrell are intended for practical use in situations such as staff education where limited time and resources are available for data collection or analysis.

W

RN Needs Assessment: Pain Management - U. of Wisconsin Hospitals & Clinics, Madison, WI (1996 version)

This two-page survey assists in planning continuing education programs in pain management for nurses.

W

Rehabilitation Professionals' Knowledge and Attitudes Survey Regarding Pain – Boston School of Occupational Therapy, Boston, Massachusetts

This instrument was developed as an inter-disciplinary tool to assess knowledge and attitudes regarding pain in rehabilitation professionals. This tool was developed using the OT/PT IASP Pain Curriculum in conjunction with 6 clinical experts.

W

Pediatric Nurses' Knowledge and Attitudes Survey Regarding Pain – Children's Medical Center of Dallas, Texas (1999 version).

Instrument to assess pediatric nurses' knowledge and attitudes regarding pain in children. Answer key also provided. (also see item 16 below for tool kit project)

W

Toolkit of Instruments to Measure End of Life Care (TIME).

This is an extensive website, funded by the Robert Wood Johnson Foundation, and developed and maintained by Joan Teno, MD, MS at Brown University. It includes an Executive Summary reporting the status and need of instruments in end of life care along with listings, links, and access to various instruments measuring various aspects of EOL care. Slide presentations are also available at the site and drafts of previous instruments can be found at the site. Instrument sections are divided as follows: Quality of Life, Pain and other symptoms, Emotional and cognitive symptoms, survival time and aggressive of care, advance care planning, continuity of care, spirituality, grief and bereavement, caregiver well-being, and patient centered reports (e.g. satisfaction) with quality of care. <http://www.chcr.brown.edu/pcoc/toolkit.htm>

W

Edmonton Assessment Tools

Online tools to measure discomfort and symptom assessment of dying patients. Tools provided by: Edmonton Palliative Care Program, University of Alberta, Edmonton, Alberta, Canada, Website: <http://www.palliative.org>

W The Quality of Life Instruments Database (<http://195.101.204.50:8081>) Contains a list of over 1000 Patients' Reported Outcomes (PRO) Instruments, detailed descriptive information on over 300 instruments, the copy of 170 original questionnaires and 100 translations, over 50 user manuals. It was developed by the Information Resources Centre of Mapi Research Institute in collaboration with Dr. Marcello Tamburini, Director, Unit of Psychology, National Cancer Institute, Milan, Italy. It is structured in two levels of access. The first level is accessible to all users free of charge and contains for over 300 instruments the full and abbreviated name of the questionnaire, author(s), objective, pathology, disease, type of instrument, population, mode of administration, original language and list of translations. The second level based on yearly subscriptions provides all of the above information plus a copy of the original questionnaire, translations when available, bibliographic references and related websites. Website: <http://195.101.204.50:8081>

W Brief Pain Inventory (BPI)
The BPI (1994) is a brief, simple, and easy to use tool for the assessment of pain in both clinical and research settings. The BPI uses simple numeric rating scales from 0 to 10 that are easy to understand and easy to translate into other languages. It is a well-validated instrument to measure pain intensity, functionality and the impact of pain on one's life in the past 24 hours and within the past week. It was developed by Charles Cleeland, PhD and is available through the Pain Research Group at MD Anderson Cancer Center. A long version and short version are available. For permission to use in clinical or research settings, contact Tito Mendoza, PhD, Pain Research Group, M.D. Anderson Cancer Center, 1100 Holcombe Blvd., Box 221, Houston, TX 77030; e-mail: tmendoza@mdanderson.org; Fax: 713-745-3475. Website: <http://www.mdanderson.org>

W M.D. Anderson Cancer Center Symptom Inventory (MDASI)
The MDASI is used for patients with symptoms due to cancer and cancer treatment to assess the severity of multiple symptoms and the impact of symptoms on daily functioning. To view the MDASI, visit website at <http://www.mdanderson.org/departments/prg/dIndex.cfm?pn=0EE78204-6646-11D5-812400508B603A14>

W McGill Pain Questionnaire
The McGill Quality of Life Instrument (Cohen, 1995) is a 20-item scale specifically developed to measure quality of life at the end of life. A revised version of this instrument (Cohen SR., Mount BM, Bruera E., et al. 1997) has been developed. The MQOL was designed to measure quality of life of people at all stages of a life-threatening illness. The MQOL assesses general domains applicable to all patients, incorporates the existential domain, balances physical and non-physical aspects of quality of life, and includes both positive and negative influences on quality of life.

W McGill Short-Form Pain Questionnaire
The McGill Short Form Pain Questionnaire is a patient-reported instrument that employs 16 items plus a single-item global scale, each with a 2-day time frame. There are five domains that include: physical well-being, physical symptoms, psychological, existential, and support. The instrument was designed to be general in nature in order to maintain brevity and to assure applicability to all patients. It has been used in various

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terminally ill patients.

Memorial Symptom Assessment Scale

W

The MSAS (Portenoy, 1994) is a 32-item verbal rating scale that measures psychological and physical symptoms with regard to their presence, frequency, severity, and degree of distress associated with them. The MSAS has been shown to be reliable and valid. Additionally, the MSAS assesses both physical and emotional symptoms. A copy of the instrument is available at <http://www.chcr.brown.edu/pcoc/msas.pdf>.

FACT-G and FACIT Family of Instruments

W

Functional Assessment of Cancer Therapy, version 4, is a 27-item scale developed to measure health-related quality of life in patients undergoing cancer treatment. THE FACT measures four domains of quality of life (physical well-being, functional well-being, social/family well-being, emotional well-being). The measurement system began as a cancer-specific but has expanded to include other chronic illnesses as well. The FACIT family of instruments assesses the health-related quality of life of people living with chronic illnesses. The FACIT measurement system includes the FACT core questionnaire and supplemental sub-scales and the Functional Assessment of Human Immunodeficiency Virus Infection, the Functional Assessment of Multiple Sclerosis (FAMS) and an instrument for use with patients with Parkinson's Disease. The FACT and FACIT Family of Instruments is available at <http://www.facit.org> or through The Center on Outcomes, Research, and Education at Evanston Northwestern Hospital, 1001 University Place, Suite 100, Evanston, IL 60201, phone: 847-570-7370 or fax: 847-570-8033, e-mail: d-cella@northwestern.edu

MOS 36-item short-form health survey

W

A short-form tool constructed to survey health status in the Medical Outcomes Study. The SF-36 was designed for use in clinical practice and research, health policy evaluations, and general population surveys. The SF-36 includes one multi-item scale that assesses eight health concepts. It has been used extensively in QOL research in studying adjustment to various chronic illnesses and it has been translated into over 40 languages. The SF-36 and shortened versions of the tool are available through Quality Metric Inc at <http://www.qmetric.com> or at <http://www.sf36.com>

Instruments Used in End of Life Care Education, City of Hope, Duarte, CA (\$5.00/copy) – 1999 version

W

- A collection of instruments currently in use by City of Hope investigators to assess staff knowledge and needs to improve end of life care. Curriculum Survey for Nursing Schools; Clinical Nurse Survey; Home Care/Hospice Agencies; Home Care Nurses and HHAs; Knowledge Assessment for Nurses; Knowledge Assessment for HHA's; Chart Audit Tool; Case Analysis Form

Promoting Excellence in End of Life Care

W

This website includes validated tools for clinical assessment and research in Palliative Care. A copy of the instrument is available at <http://www.promotingexcellence.org>, click on "Instruments", "Clinical Assessment and Research Tools", and then view the list of tools posted by clicking on "Tools Listed by Topic."

Legal/Regulatory Issues

Section Description: This section includes annotated bibliographies and resources pertinent to legal and

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regulatory issues related to pain management.

A. City of Hope Publications

B. Recommended Books

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

W

Model Guidelines for the Use of Controlled Substances for the Treatment of Pain. Produced by the Federation of State Medical Boards of the United States, Inc. View guidelines on website at : <http://www.fsmb.org/>

W

Achieving Balance in National Opioids Control Policy: Guidelines for Assessment. Produced by the World Health Organization, 2000. This 37 page document provides 16 guidelines that can be used by governments and health professionals to assess the national opioids control policies and their administration of any country to determine if they contain the provisions, procedures and cooperation that are necessary to ensure the availability of opioid analgesics. View the guidelines on the WHO website at: <http://www.medsch.wisc.edu/painpolicy/publicat/00whoabi/00whoabi.htm>

E. Other Organizations Links

American Society of Law, Medicine & Ethics

<http://www.aslme.org>

Pain and the Law

<http://www.painandthelaw.org>

Pain & Policy Studies Group –
University of Wisconsin

<http://www.medsch.wisc.edu/painpolicy>

Comprehensive Cancer Center

F. Key References

W

American Society of Law, Medicine & Ethics. Annotated selected bibliography for Licensure and Discipline as it relates to pain management. Includes general articles, substance abuse issues and court cases (1997 version).

G. Position Statements/ Standards

W

A joint statement from 21 health organizations and the Drug Enforcement Administration on “Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act” – the roles of both health professionals and law enforcement personnel in maintaining the balances between patient care and diversion prevention are critical. To view online, visit the website at <http://www.aspmn.org/html/JSpainrelief.htm>

Pain Assessment Tools

Section Description: This section includes various tools to assess pain and its management. Specifically, pocket reference cards, rating scales, assessment packets, chart forms, database tools, home health flow sheets, chart documentation packets, and tools for infant and pediatric pain assessment are among the resources available.

Pain Assessment Pocket Cards Packet

This is a collection of pain assessment scales created for easy access by professionals or patients.

- Patient Version - City of Hope, Duarte, California
- Professional Version - City of Hope, Duarte, California

W Pain Assessment Guide - University Hospital – Colorado. The Pain Assessment Guide has also been translated into Russian, Vietnamese, Croatian, French, and Arabic by staff at Bryan LGH Medical Center in Lincoln, Nebraska (1999 version). Order form provided to order the translated versions (1999 version).

Pain Rating Instrument order form - Johns Hopkins University, Baltimore, MD

W Order form to obtain instrument developed by Johns Hopkins Oncology Center, the Hopkins Pain Rating Instrument (HPRI) a self-contained, portable 5x20 cm plastic visual analogue scale (VAS) with a sliding marker (1999 version).

Multi-lingual Pain Scales - St. Vincent's Hospital & Med. Ctr., New York, NY (1998 version)

- Developed by Nursing Department of St. Vincent's Hospital and Med Ctr. This 12 page packet includes pain scales written in 11 different languages (Chinese, French, German, Greek, Hebrew, Italian, Japanese, Pakistan, Polish, Russian, Spanish).

Pain Assessment Packet/Chart Forms - Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire

W **W** QI Data Collection Tool (1995 version)

Brief patient interview and chart audit tool.

W Post-operative Pain Management Needs Assessment (1995 version)
Tool as well as needs assessment for surgical pain.

W Initial Pain Rating Tool & Pain Flow Sheet (1995 version)
Initial pain assessment and pain flow sheet

Pain Assessment Packet/Chart Forms - Via Christi Regional Medical Center-St. Francis Campus, Wichita, KS

W Initial Pain Assessment for Pediatric Use (1996 version)

Initial Pain Assessment for Adult Use (1996 version)

Pain Flow Sheet for adults and pediatrics (1996 version)

One-page documentation form used to record pain assessment along with pharmacologic or non pharmacologic interventions.

Pain Assessment Packet/Chart Forms

W Initial Pain Assessment Tool - Margo McCaffery, RN, MS, FAAN and Alexandra Beebe, RN, MS, OCN (1996 version)

A charting form to be used on the patient's initial hospital admission to document location, intensity, quality of pain, and relief.

W Nursing Assessment and Care Plan - City of Hope, Duarte, CA (1995 version)
Comprehensive pain assessment tool for use in initial evaluation of patients referred to a pain service.

W Pain Rating Scales - Wisconsin Cancer Pain Initiative (1996 version)

The three pain rating scales included are: 0-10 visual analog scale, Wong-Baker Faces rating scale and the verbal scale.

- Interdisciplinary Pain Flowsheet - Vancouver Hospital & Health Sciences Centre, Vancouver, BC (1997 version) - chart includes faces scale and visual analog scale

W

Pain Assessment Tool Packet - U. of Massachusetts, Worcester, MA

Follow Up Visit Tool (1996 version)

Ambulatory Services Database Tool (1996 version)

Initial assessment tool and follow up clinic assessment for patients with acute, chronic or cancer pain.

W

Home Health Pain Management Flow Sheet - U. of Wisconsin Hospitals & Clinics, Madison, WI (1996 version)

- A one-page pain management flow sheet to be used in the home care setting.

Chart Documentation Packet - Department of the Army, Tripler Army Medical Center, Tripler, Hawaii

- PACU Care Plan, PACU Care and Monitoring Flowsheet (1997 version)
- Nursing History and Assessment (1997 version)
- Pain Assessment Flow Sheet (1997 version)

Related Organizations and Websites

Section Description: This section includes various professional and patient organizations focused on pain management or end-of-life care. Website links are provided.

A

Agency for Healthcare Research and Quality – <http://www.ahrq.gov/>

Aging with Dignity – <http://www.agingwithdignity.org>

Alzheimer's Association – <http://www.alz.org>

American Academy of Hospice and Palliative Medicine (AAHPM) – <http://www.aaahpm.org>

American Academy of Pain Medicine (AAPM) – <http://www.painmed.org>

American Academy of Pediatrics (AAP) – <http://www.painmed.org>

American Alliance of Cancer Pain Initiatives (AACPI) – <http://www.aacpi.org>

American Association of Critical Care Nurses – <http://www.aacn.org/>

American Association of Pastoral Counselors – <http://www.aapc.org/>

American Association for Therapeutic Humor – <http://www.aath.org/>

American Board of Hospice and Palliative Medicine – <http://www.abhpm.org>

American Board of Internal Medicine – Care for the Dying, Physician Narratives –

<http://www.abim.org/pubs/narr001.htm>

American Cancer Society (ACS) – <http://www.cancer.org>

American Chronic Cancer Pain Association – <http://www.theacp.org>

American Chronic Pain Association (ACPA) – <http://www.theacpa.org>

American College of Rheumatology – <http://www.rheumatology.org/>

American Council for Headache Education – <http://www.achenet.org>

American Geriatrics Society – <http://www.american geriiatrics.org/>

American Headache Society – <http://www.ahsnet.org/>

American Health Decisions – <http://www.ahd.org/>

American Holistic Nurses Association – <http://www.ahna.org>
 American Hospice Foundation – <http://www.americanhospice.org>
 American Hospital Association – <http://www.aha.org>
 American Massage Therapy Association – <http://www.amtamassage.org>
 American Medical Association – <http://www.ama-assn.org.80/about.htm>
 American Music Therapy Association – <http://www.namt.com>
 American Nurses Association – <http://www.ana.org>
 American Nurses Association Code of Ethics – <http://www.ana.org/ethics>
 American Pain Foundation – <http://www.painfoundation.org>
 American Pain Society (APS) – <http://www.ampainsoc.org>
 American Society for Action on Pain – <http://www.asappain.com>
 American Society for the Advancement of Palliative Care – <http://www.asap-care.com>
 American Society for Bioethics and Humanities – <http://www.asbh.org>
 American Society of Anesthesiologists – <http://www.asahq.org>
 American Society of Clinical Oncology – <http://www.asco.org>
 American Society of Hospice & Palliative Medicine – <http://www.aahpm.org>
 American Society of Law, Medicine & Ethics – <http://www.aslme.org>
 American Society of Pain Management Nurses (ASPMN) – <http://www.aspmn.org>
 American Society of Psychosocial and Behavioral Oncology/AIDS – <http://www.ipos-asproa.org>
 American Society of Regional Anesthesia and Pain Medicine – <http://www.asra.com>
 Americans for Better Care of the Dying (ABCD) – <http://www.abcd-caring.org>
 Approaching Death: Improving Care at the End of Life – <http://www.nap.edu/readingroom/books/approaching>
 Arthritis Foundation – <http://www.arthritis.org>
 Association for the Care of Children's Health (ACCH) – <http://www.acch.org>
 Association of American Sickle Cell Disease – <http://www.sicklecelldisease.org>
 Association of Cancer Online Resources, Inc. – <http://www.medinfo.org> or <http://www.acor.org>
 Association of Clinical Pastoral Education – <http://www.acpe.edu>
 Association of Death Education and Counseling (ADEC) – <http://www.adec.org>
 Association of Nurses in AIDS Care (ANAC) – <http://www.anacnet.org>
 Association of Oncology Social Work (AOSW) – <http://www.aosw.org>
 Association of Pediatric Oncology Nurses (APON) – <http://www.apon.org>

B

Before I Die: Medical Care and Personal Choices – <http://www.wnet.org/archive/bid>
 Bereavement and Hospice Support Netline – <http://www.ubalt.edu/www/bereavement>
 Beth Israel Medical Center: MAYDAY Resource Center for Pain Medicine and Palliative Care – <http://www.stoppain.org>

C

CARF - The Rehabilitation Accreditation Commission – <http://www.carf.org/>
 Cancer.gov – <http://www.cancer.gov>
 Cancer Books for Children – <http://mel.lib.mi.us/health/cancerbooks/>
 Cancer Care, Inc. – <http://www.cancercare.org>
 CancerFatigue.org – <http://www.cancerfatigue.org/>
 Cancer Hope Network – <http://www.cancerhopenetwork.org>
 Cancer Kids – <http://www.cancerkids.org>
 Cancer Library – <http://www.medhip.usa.net.cancer.html>
 Cancer Links – <http://charm.net/~kkdk>
 Cancer Net – <http://cancernet.nci.nih.gov/>
 Cancer-Pain.org – <http://www.cancer-pain.org/>
 Cancer Pain Management in Children – <http://www.childcancerpain.org/>

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Cancer Pain Release – <http://www.whocancerpain.wisc.edu/>
 Candlelighters Childhood Cancer Foundation – <http://www.candlelighters.org>
 Care of the Dying Patient – <http://manacstra.tec.nh.us/deathcare>
 Caregiver Network – <http://www.caregiver.on.ca/index.html>
 Caregiver Survival Resources – <http://www.caregiver911.com>
 Catholic Health Association of the United States – <http://www.chausa.org>
 Center for Bioethics/Clinical Research Institute of Montreal – <http://www.Ircm.qc.ca/bioethique/english>
 Center to Improve Care of the Dying – <http://www.gwu.edu/~cicd>
 Center for Medical Ethics and Mediation – <http://www.cmcm.org/>
 Center to Advance Palliative Care (CAPC) – <http://www.capcmssm.org>
 Center to Improve Care of the Dying – <http://www.gwu.edu/~cicd>
 Children's Hospice International – <http://www.chionline.org>
 Children's Organ Transplant Association – <http://www.cota.org>
 Choice in Dying – <http://www.partnershipforcaring.org>
 Community-State Partnerships to Improve End-of-Life Care – <http://www.midbio.org>
 Compassion in Dying Federation – <http://www.compassionindying.org>
 The Compassionate Friends, Inc. (TCF) – <http://www.compassionatefriends.org>
 Complementary/Integrative Medicine – <http://www.mdanderson.org/departments/cimer/>
 Corporate Angel Network, Inc. (CAN) – <http://www.corpangelnetwork.org>
 Crisis Grief and Healing – <http://www.webhealing.com>
 Cross Cultural Health Care Program – <http://xculture.org>
 Cynergy Group (equianalgesic calculator) – <http://www.cynergygroup.com>

D

Decisions Near the End of Life at Education Development Center, Inc. – <http://www.edc.org/CAE/Decisions/dnel.html>
 Department of Health and Human Services, Healthfinder – <http://www.healthfinder.gov>
 Dying Well – <http://www.dyingwell.org> or <http://www.dyingwell.com>

E

The Edmonton Palliative Care Program – <http://www.palliative.org>
 Education for Physicians on End-of-Life Care – <http://www.epec.net/>
 Elizabeth Kubler Ross, M.D., "On Death and Dying" – <http://www.elisabethkublerross.com/>
 End of Life Care for Children (funded by the Texas Cancer Council) – <http://www.childendoflifecare.org>
 The End of Life: Exploring Death in America – <http://www.npr.org/programs/death/>
 End of Life Nursing Education Consortium – <http://www.aacn.nche.edu/elneec>
 End of Life Physician Education Resource Center (EPEC) – <http://www.eperc.mcw.edu/>
 European Association of Palliative Care – <http://www.eapcnet.org/>

F

FACCT – The Foundation for Accountability – <http://www.facct.org/>
 Family Caregiver Alliance – <http://www.caregiver.org>
 Fibromyalgia Network – <http://www.fmnetnews.com>

G

Griefnet – <http://www.griefnet.org>
 Grief Recovery Online for ALL Bereaved – <http://www.groww.org>
 Growth House – <http://www.growthhouse.org>
 Guide to Internet Resources for Cancer – <http://www.cancerindex.org>
 Gunderson Lutheran Program for Improving End-of-Life Care – <http://www.gundluth.org/colprograms/>

H

Harvard Medical School Center for Palliative Care – <http://www.hms.harvard.edu/cdi/pallcare>
 Hospice Association of America – <http://www.hospice-america.org/>

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Hospice and Palliative Nurses Association (HPNA) – <http://www.hpna.org/>

The Hospice of the Florida Suncoast – <http://www.thehospice.org>

Hospice Foundation of America – <http://www.hospicefoundation.org>

Hospice Hands – <http://www.hospice-cares.com>

Hospice Resources – <http://www.hospiceresources.net>

I

Innovations in End of Life Care – <http://www.edc.org/lastacts/>

Institute for Healthcare Improvement – <http://www.ihl.org>

Intercultural Cancer Council – <http://icc.bcm.tmc.edu> or <http://iccnetwork.org/>

International Association for the Study of Pain (IASP) – <http://www.iasp-pain.org>

International Association of Hospice Studies – <http://som.flinders.edu.au/FUSA/PalliativeCare/links/links.htm>

J

Joint Commission Accreditation of Healthcare Organizations – <http://www.jcaho.org>

K

KidsHome at NCI – <http://icicc.nci.nih.gov/occdocs/KidsHome.html>

L

Last Acts – <http://www.lastacts.org>

Leukemia Society of America – <http://www.leukemia.org>

M

Make A Wish Foundation – <http://www.wish.org>

Management of Cancer Pain – <http://www.ahcpr.gov/consumer/>

The Mayday Pain Project – <http://www.painandhealth.org>

Medical College of Wisconsin Palliative Care Programs – <http://www.mcw.edu/bioethics/>

Memorial Sloan Kettering Cancer Center – <http://www.mskcc.org>

Michigan Electronic Library: Health Information Resources – <http://mel.org/health/health-disease-cancer-ch.html>

Midwest Bioethics Center – <http://www.midbio.org>

Missoula Demonstration Project – <http://www.missoulademonstration.org>

N

Nathan Cummings Foundation – <http://www.ncf.org/>

National AIDS Clearinghouse – <http://www.cdcnpi.org/hiv/start.htm>

National Association for Home Care (NAHC) – <http://www.nahc.org/>

National Cancer Institute (NCI) – <http://www.nci.nih.gov>

The National Center for Advanced Illness Coordinated Care – <http://www.coordinatedcare.net/>

National Center for Complementary and Alternative Therapies – <http://nccam.nih.gov>

National Center for Health Statistics – <http://www.cdc.gov/nchs/>

National Childhood Cancer Foundation – <http://www.nccf.org>

National Children's Cancer Society – <http://www.children-cancer.org>

National Chronic Pain Outreach Association (NCPOA) – <http://neurosurgery.mgh.harvard.edu/ncpainoa.htm>

National Coalition for Cancer Survivorship (NCCS) – <http://www.cansearch.org>

National Family Caregivers Association – <http://www.nfcacares.org/>

National Headache Foundation – <http://www.headaches.org>

National Health Council – <http://www.nhcouncil.org>

National Hospice and Palliative Care Organization (NHPCO) – <http://www.nhpco.org>

The National Institute of Aging – <http://www.nih.gov/nia/>

National Institute on Aging Alzheimer's Disease Education and Referral Center – <http://www.alzheimers.org>

National Organization for Rare Disorders – <http://www.rarediseases.org>

National Patient Air Travel Helpline (NPAT) – <http://www.npath.org>

National Prison Hospice Association – <http://www.npha.org>

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National Public Health: Exploring Death in America – <http://www.npr.org>
 National Vulvodynia Association – <http://www.nva.org>
 Neuropathy Association – <http://www.neuropathy.org>
 New York State Partnership for Long-Term Care – <http://www.nyspltc.org/about/index.html#3>
 Not Dead Yet – <http://acils.com/NotDeadYet/>

O

On Our Own Terms: Moyers on Dying in America – <http://www.pbs.org/wnet/onourown/terms>
 OncoLink – <http://www.oncolink.com/>
 Oncology Nursing Society – <http://www.ons.org>
 Oncology Pain Page – <http://oncolink.upenn.edu/specialty/pain>
 Online Pain Journals – <http://www.pain.com/onlinepainjournal/default.cfm>
 Open Society Institute Project on Death in America – <http://www.soros.org/death.html>
 Oregon Fibromyalgia Foundation – <http://www.myalgia.com>
 Oregon Health Sciences University Center for Ethics in Health Care – <http://www.ohsu.edu/ethics/>

P

Pain.com – <http://www.pain.com>
 Pain Link – <http://www.edc.org/PainLink>
 Pain Management and Chemical Dependency – <http://www.painandchemicaldependency.org/>
 Pain Medicine and Palliative Care Resource Center –
http://www.stoppain.org/education_research/index.html
 Pain Net – <http://www.painnet.com>
 Pain Solution Associates – <http://www.painsolutionassociates.com>
 Palliative Care: One Vision, One Voice (Palliative Care Nursing) – <http://www.palliativecarenursing.net>
 The Palliative Medicine Program – <http://www.mcw.edu/pallmed>
 Partners Against Pain – <http://www.partnersagainstpain.com>
 Partnership for Caring, Inc. – <http://www.partnershipforcaring.org>
 The Patient Education Institute – <http://www.patient-education.com>
 Pediatric Pain – <http://is.dal.ca/~pedpain/prohp.html>
 Postoperative Pain Project – <http://www.wisc.edu/trc/projects/pop/>
 Project on Death in America (PDIA) – <http://www.soros.org/death.html>
 Promoting Excellence in End of Life Care – <http://www.promotingexcellence.org>

R

RAND/IHI Initiative to Improve Quality at the End of Life – <http://www.medicaring.org/>
 Reflex Sympathetic Dystrophy Association of America – <http://www.rsds.org/>
 Reflex Sympathetic Dystrophy Association of California – <http://www.rsds-ca.org>
 The Resource Center of the American Alliance of Cancer Pain Initiatives – <http://www.aacpi.org>
 Robert Wood Johnson Foundation (RWJF) – <http://www.rwjf.org>

S

Sacramento Healthcare Decisions – <http://www.sachealthdecisions.org>
 Shaare Zedek Cancer Pain & Palliative Care Reference Database (Nathan I. Cherny) –
<http://cherny.roxane.com>
 Sickle Cell Disease Association of America, Inc. – <http://www.sicklecelldisease.org>
 Sickle Cell Information Center – <http://www.emory.edu/PEDS/SICKLE/index.htm>
 Southern California Cancer Pain Initiative (SCCPI) – <http://sccpi.coh.org>
 StopPain.org – <http://www.stoppain.org/>
 Supportive Care of the Dying – <http://www.careofdying.org>

T

TMJ Association, Ltd. – <http://www.tmj.org>

Talarian Map-Cancer Pain – <http://www.talaria.org/>
 Telemedicine Information Exchange – <http://tie.telemed.org>
 Toolkit of Instruments to Measure End of Life Care – <http://www.chcr.brown.edu/pcoc/toolkit.htm>
 U
 United Hospital Fund of New York – <http://www.uhfnyc.org>
 University of Wisconsin Pain & Policy Studies Group – <http://www.medsch.wisc.edu/painpolicy>
 V
 VZV Research Foundation, Inc. – <http://www.vzvfoundation.org>
 The Vulvar Pain Foundation – <http://www.vulvarpainfoundation.org>
 W
 WebMD – Fibromyalgia Message Board with Kim Jones, RN, PhD, FNP – <http://www.webmd.com>
 The Wellness Community – Phone: (888) 793-WELL
 Worldwide Congress on Pain – <http://www.pain.com>

Other Resources

A. Audio Resources

Academy for Guided Imagery
 Academy for Guided Imagery, P.O. Box 2070, Mill Valley, CA 94942, (800) 726-2070.
 Website: <http://www.interactiveimagery.com/>

American Pain Society (APS)
 American Pain Society, 4700 W. Lake Avenue, Glenview, IL 60025, (847) 375-4715,
 Website: <http://www.ampainsoc.org/>

Coping Skills for Bone Marrow Transplantation
 Behavioral Sciences, Fred Hutchinson Cancer Research Center, 1100 Fairview Avenue
 N., FM815, Seattle, WA 98109-1024, (206) 667-5022, FAX: (206) 667-6356
 Exceptional Cancer Patients
 Touch Star Productions, 522 Jackson Park Drive, Medville, PA 16335, (800) 759-1294
 or (814) 337-8192, FAX: (814) 337-0699, Website: <http://www.touchstarpro.com>, e-
 mail: kcb@touchstarpro.com
 International Association for the Study of Pain (IASP)
 IASP Secretariat, 909 NE 43rd Street, Suite 306, Seattle, WA 98105, (206) 547-6409.
 (206) 547-1703 FAX, Website: <http://www.iasp-pain.org>, e-mail: mail to: IASP@locke.hs.washington.edu

National Hospice and Palliative Care Organization (NHPCO)
 National Hospice and Palliative Care Organization, 1901 North Moore Street, Suite
 901, Arlington, VA 22209, (703) 243-5900, (703) 525-5762 FAX, Website:
<http://www.nhpco.org/>

Oncology Nursing Society (ONS)
 Oncology Nursing Society, 501 Holiday Drive, Pittsburgh, PA 15220-2749, (412) 921-
 7373, (412) 921-6565 FAX, Website: <http://www.ons.org/>

Partnership for Caring
 Partnership for Caring, Attention: Heart-to-Heart, P.O. Box 1854, Merrifield, VA
 22116-9617, 1-800-989-9455, E-mail: pfc@partnershipforcaring.org

B. Video Listing

(please refer to “Care of the Dying Patient” video listing in **XI**. Error! Reference source not found., **Error! Reference source not found.**, Page **Error! Bookmark not defined.**).

C. Journals/Newsletters

ABCD Exchange – a newsletter from Americans for Better Care of the Dying (ABCD). ABCD aims to enhance the experience of the last phase of life for all Americans, advocate for the interests of patients and their families, improve communication between providers and patients, involve society in end-of-life care, and demand continuity in services for the seriously ill. Website: <http://www.abcd-caring.org>, E-mail: caring@erols.com

THE ACPA Chronicle – a patient-oriented quarterly newsletter of the American Chronic Pain Association. It includes letters, essays, articles, and book reviews written by people with chronic pain or their families. Periodically, healthcare professionals have inclusions. Website: <http://www.theacpa.org>

American Journal of Hospice & Palliative Care – A peer reviewed research journal published bi-monthly by Prime National Publishing Corp. Focus on hospice and palliative care news and research. Website: <http://www.pnpco.com>

Cancer Care News – provides information for people with cancer, their families and loved ones. Website: <http://www.cancercare.org>

Cancer Pain Release – a quarterly publication of the World Health Organization Collaborating Center for Policy and Communications in Cancer Care. Website: <http://www.whocancerpain.wisc.edu/>

Cancer Pain Update – a quarterly newsletter of the Wisconsin Pain Initiative. Website: <http://www.wisc.edu/wcpi> or e-mail: wcpi@facstaff.wisc.edu

Clinical Journal of Pain – Official Journal of the American Academy of Pain Medicine – A quarterly journal that provides information on all aspects of pain including the psycho-social dimensions and ethical issues of pain management. Website: <http://www.clinicalpain.com>

The European Journal of Palliative Care – Official journal of the European Association for Palliative Care. Published six times a year by Hayward Medical Communications. Website: <http://www.ejpc.co.uk>

Headway Migraine – a complimentary newsletter specifically focused on migraine and its treatment. To subscribe, contact website <http://www.imitrex.com/coping/headway.html>

Hospice Journal – Official journal of the National Hospice and Palliative Care

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Organization (NHPCO) which promotes and maintains quality care for the terminally ill and their families. Website: <http://www.haworthpressinc.com/>, e-mail: getinfo@haworthpressinc.com

HOSPICE Magazine – A quarterly magazine dedicated to promoting hospice care and end-of-life care issues. Website: <http://www.nhpco.org>

The Hospice Professional – a quarterly publication for members of the National Council of Hospice Professionals. This newsletter emphasizes hospice care and the interdisciplinary team concept. Each issue focuses on a theme. Website: <http://www.nhpco.org>

IASP Newsletter – International Association for the Study of Pain (IASP). Timely topics in pain research and treatment selected for publication as well as information on upcoming international and national conferences. IASP also publishes *Clinical Updates*, which provide periodic supplements devoted to specific pain conditions and related research. Website: <http://www.iasp-pain.org>

Innovations in End-of-Life Care – An on-line international peer-reviewed journal and forum highlighting promising practices that improve end-of-life care. Website: <http://www.edc.org/lastacts>, e-mail: inteleoljournal@edc.org/

International Journal of Pain Medicine and Palliative Care – An electronic newsletter featuring articles and reports from international medical venues and symposia, drawing together diverse work and palliative care literature. Website: <http://www.remedica.com/pain>

International Journal of Palliative Nursing – A bi-monthly publication which promotes excellence in palliative nursing. Website: <http://www.markallengroup.com>, e-mail: mark_allen_publishing@compuserve.com

IPOS Newsletter – The International Psycho-Oncology Society's (IPOS) membership is global and has international discourse to enrich the understanding of psycho-oncologic issues. Website: <http://www.ipos-asproa.org>

Journal of Hospice and Palliative Nursing – A quarterly peer-reviewed journal published by NurseCom, Inc. Website: <http://www.HPNA.org>, E-mail: HPNA@hpna.org

Journal of Palliative Care – A quarterly publication that focuses on issues surrounding palliative care. Website: <http://www.allenpress.com>, e-mail: marcot@ircm.umontreal.ca

Journal of Palliative Medicine – The journal covers the team approach to palliative medicine, pain and symptom management, palliative-care education, legal, ethical, and reimbursement issues, and more. Website: <http://www.liebertpub.com>, e-mail: info@liebertpub.com

Journal of Pain and Symptom Management – Monthly journal that publishes original articles and other clinical papers. Website: <http://www.elsevier.com/locate/jpainsymman>

Journal of Psychosocial Nursing – Covers current news in psychosocial nursing, updates on psychopharmacology, geopsychiatry, and mental health nursing. Website: <http://www.psychnurse.org/>

LAST ACTS: Care and Caring at the End of Life – Published quarterly by the Robert Wood Johnson Foundation. Website: <http://www.lastacts.org>

LIFELINE – The Newsletter of the National Chronic Pain Outreach Association. (NCPOA). Lifeline welcomes reader correspondence and submissions of articles, book reviews, commentaries, cartoons, artwork, and poetry. Website: <http://neurosurgery.mgh.harvard.edu/ncpainoa.htm> or e-mail: ncpoa@cfw.com

NCCN Advantage – National Comprehensive Cancer Network (NCCN). Outlines current programs, conferences, and programs. Website: <http://www.nccn.org>

NCCS Networker – A quarterly publication of the National Coalition for Cancer Survivorship (NCCS). Provides information about NCCS activities and survivorship issues. Website: <http://www.cansearch.org> or e-mail: info@cansearch.org

THE NETWORK NEWS – A quarterly newsletter for healthcare professionals published by the Network Project at Memorial Sloan-Kettering Cancer Center in New York. Content includes a variety of topics related to cancer care including literature abstracts of current research studies, brief clinical articles, position postings and a calendar of conferences.

NHPCO Newslne – National Hospice and Palliative Care Organization sponsored newsletter published bi-weekly which details the activities of NHPCO and provides a calendar of events along with updates on legislative issues that may impact hospice care. Website: <http://www.nhpco.org/>

NYSCAPI News – New York State Cancer and AIDS Pain Initiative (NYSCAPI). Part of NYSCAPI's goal is to educate health care professionals, patients, and families affected by cancer and AIDS about the management of pain; to develop research that permits better management of pain; and to monitor legislation that might influence clinical management of pain. Website: <http://www.cancercare.org>, e-mail: info@cancercare.org

PAIN – Official publication of the International Association for the Study of Pain. Website: <http://www.iasp-pain.org> or e-mail: iasp@locke.hs.washington.edu

Pain Medicine – Official Journal of the American Academy of Pain Medicine. Published 4 times a year by Blackwell Science, Inc. Website: <http://www.painmed.org/productpub/journal.html>

Palliative Medicine – International journal, published bi-monthly, dedicated to improving knowledge and clinical practice in the palliative care of patients with advanced disease. Website: <http://www.healthworks.co.uk>, E-mail: arnold@hodder.mhs.compuserve.com

Palliative & Supportive Care – a new international journal of palliative medicine that focuses on the psychiatric, psychosocial, spiritual, existential, ethical, and philosophical aspects of palliative care. It will be published starting in 2003. Website: <http://www.cambridge.org/>

PDIA Reader – An interesting and easily accessible source of recent articles on end-of-life issues. Published by the Project on Death in American (PDIA). Also offers proceedings from the 1st national conference on death and dying in prisons and jails: caring for prisoners, families, and caregivers. Website: <http://www.soros.org/>

Progress in Palliative Care – Multidisciplinary journal that provides information on all aspects of palliative care. Website: <http://www.leeds.ac.uk/lmi/ppc/ppcmain.html>, e-mail: maney@maney.co.uk

Psycho Oncology – Quarterly journal concerned with the psychological, behavioral, and ethical aspects of cancer. Website: <http://www.wiley.com>, e-mail: cs-journals@wiley.co.uk

Reflections – Prepared by The Program for Ethics at Oregon State University. Contains essays by leading participants in public debate regarding legalized assisted suicide. E-mail: pese@orst.edu

SCCPI Newsletter – A newsletter from the Southern California Cancer Pain Initiative that provides individuals with information on pain related items and upcoming meetings. Website: <http://sccpi.coh.org/>, e-mail: sccpi@coh.org

Supportive Care in Cancer – Provides members of the Multinational Association of Supportive Care in Cancer (MASCC) the most recent scientific and social information on aspects of supportive care for cancer patients at all stages of the disease. Website: <http://link.springer-ny.com/link/service/journals/00520/index.htm>, e-mail: custserv@springer-ny.com

D. PowerPoint Slide Sets

ASCO

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American Society of Clinical Oncology Curriculum: Optimizing Cancer Care – The Importance of Symptom Management Syllabus & Slide Sets: American Society of Clinical Oncology (ASCO), 435 N. Michigan Avenue, Suite 1717, Chicago, IL 60611, 312-644-0878, 312-644-8557 FAX. Order through Kendall Hunt at <http://www.kendallhunt.com> (search for ASCO when you get to the website)

American Society for Psychosocial and Behavioral Oncology/AIDS:

W

Online Lectures addressing Common symptoms among cancer patients. Available at website: <http://www.ipos-asboa.org/multimedia>

Assessment and Management of Common Symptoms in Cancer Patients by Deanne Wolcott, MD

Psychosocial and Palliative Care Program: Emphasis on Cancer-Related Fatigue by P. Jacobson, PhD.

Screening for Depression in a Large Ambulatory Oncology Network by Steve Passik, PhD.

Cancer Pain Management at Cedars-Sinai Comprehensive Cancer Center by Tom Strouse, MD.

Integrating Psychosocial and Palliative Care into Oncology Practice by Michael Weitzner, MD.

Beth Israel Medical Center

W

Topics in Pain Management: A Slide Compendium. Visit Beth Israel Medical Center website at: http://www.stoppain.org/for_professionals/compendium/

Cancer Pain Education for Patients and the Public (CPEPP) Training Program Slides
A program conducted from 1997 to 2001 by City of Hope investigators (Betty Ferrell, Marcia Grant, and Gloria Juarez) funded by the National Cancer Institute. This project was designed to address the multiple opportunities for cancer pain education and to provide resources for successful implementation. The project materials on this site include outlines, PowerPoint presentations, handouts and a comprehensive bibliography for each module. (To download see Section III, Patient Education, **Error! Reference source not found.**, Item 31)

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Homecare Outreach for Palliative Care Education (HOPE) Training Program Slides
Slides available from the HOPE training program. A CD-ROM is included with your order when you request a copy of the HOPE training program (To download the order form for the HOPE curriculum, please see Section XI, End of Life/Palliative Care, **Error! Reference source not found.**, Item 1).

Illinois Cancer Pain Initiative: Cancer Pain Can Be Relieved

A 25-slide set with narrative script designed for presentation to the general public. Send check payable to: Illinois Cancer Pain Initiative, P.O. Box 6794, Villa Park, IL 60181, (800) DUL-PAIN.

Memorial-Sloan Kettering Cancer Center and Psychiatry Services:

Cancer Pain: Principles of Assessment, by Russell Portenoy, MD and Nathan Cherny, MBBS, FRACP

Cancer Pain Syndromes, by Russell Portenoy, MD and Nathan Cherny, MBBS, FRACP.

Opioid Pharmacotherapy of Cancer Pain, by Russell Portenoy, MD.

The Use of Adjuvant Analgesics in Cancer Pain, by Russell Portenoy, MD.

The Use of Nonopioid and Adjuvant Analgesics in Cancer Pain, by Russell Portenoy, MD.

Psychiatric Aspects of Cancer Pain Management, by William Breitbart, MD.

Psychiatric Aspects of HIV/AIDS Pain, by William Breitbart, MD.

The Assessment and Syndromes of Pain in HIV/AIDS, by William Breitbart, MD.

The Treatment of Pain in HIV/AIDS, by William Breitbart, MD.

Teaching modules developed by the faculty of the Network Project includes a lecture with references and 25-40 color slides. Each module costs. To order: indicate title of each teaching module and the number of copies. Make check payable to: The Network Project, CC 5112, Fund 7045", Send to: The Network Project, 1275 York Avenue, New York, NY 10021, (212) 639-3164, (212) 752-7185 FAX

Emergency Room Information

Section Description: This section includes a bibliography of 11 references.

A. City of Hope Publications

B. Recommended Books

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

E. Other Organizational Links

F. Key References

Bibliography

11 current references to pain management in the emergency room (2002 version)

G. Position Statements/ Standards

Headache Information

A. City of Hope Publications

B. Recommended Books

The Child with Headache: Diagnosis and Treatment by Patricia A. McGrath and Loretta M. Hillier (2001). ISBN: 0-931092-30-2. IASP Press. Website: <http://www.iasp-pain.org/>

C. Educational Materials/ Curriculum

D. Guidelines/ Clinical Pathways

E. Other Organizational Links

American Council for Headache Education

<http://www.achenet.org>

American Pain Society

<http://www.ampainsoc.org/>

National Headache Foundation

<http://www.headaches.org>

F. Key References

Resource List

- 3 page listing of organizations and resources

Health Facts for You – University of Wisconsin – 1999 version

Information sheet on migraine headaches

G. Position Statements/ Standards

Non Drug Pain Interventions

Section Description: This section includes several hand-outs for non-drug management of pain at home. In addition, bibliography on various techniques and resources are available.

A. City of Hope Publications

B. Recommended Books

Pain: Clinical Manual 2nd Edition by McCaffery & Pasero, 1999 book order form - this manual is an invaluable guide to an interdisciplinary approach in the care of patients

with pain. ISBN #: 0-8151-5609-X (29563). Visit <http://www.mosby.com> to order. (enter ISBN # or search for pain on website to find this item)

C. Educational Materials/ Curriculum

Academy for Guided Imagery

W

Interactive guided imagery self paced audio/video study course, P.O. Box 2070, Mill Valley, CA 94942, 1-800-726-2070, 415-389-9324, 415-389-9342 FAX, Website: <http://www.interactiveimagery.com>

The Art of Caring -

W

Nurses and caregivers are at the forefront of the healthcare revolution. Join three experts in holistic nursing for this complete course in total mindbody healthcare, including alternative techniques based on imagery, music, touch, subtle energy, and more. *The Art of Caring* is for nurses, therapists, hospice workers, counselors, doctors - anyone interested in creating "whole-person" health. Nurses can earn 9.6 contact hours for completing the accompanying 40-page workbook. Product code: 1-56455-302-7. Order form available at <http://store.yahoo.com/soundstruestore/af00023.html>

Coping Skills for Bone Marrow Transplantation

Relaxation, imagery, distraction and conversation with yourself (e.g., positive thoughts). These approaches to pain management are helpful with pain experiences other than bone marrow transplantation. To order booklet and accompanying audio tape for relaxation: Behavioral Sciences, Fred Hutchinson Cancer Research Center, 1100 Fairview Avenue N., FM815, Seattle, WA 98109-1024, (206) 667-5022, (206) 667-6356 Fax

Core Curriculum for Holistic Nursing – 1997 version

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Based on AHNA's Standards of Holistic Nursing Practice. Barbara M. Dossey, RN, MS, HNC, FAAN. 1997, 416 pages. Published by Aspen Publishing. ISBN #0834208709. Order online at <http://www.aspenpublishers.com/> (to find this item search for core curriculum on website) or call toll-free 1-800-638-8437.

Exceptional Cancer Patients

W

This is a healing center founded by Bernie Siegel, MD, which sells self-help materials and audiotapes, including relaxation tapes. Touch Star Productions, 522 Jackson Park Drive, Medville, PA 16335, (800) 759-1294, (814) 337-0699, Website: <http://www.touchstarpro.com>, e-mail to kcb@touchstarpro.com

Graceful Passages

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Interfaith audio resource (CD) to assist caregivers, dying persons, and their families to help transition from denial to acceptance. To order: Companion Arts, P.O. Box 2528, Novato, CA 94948-2528, (415) 209-9408, (888) 242-6608, Website: <http://www.gracefulpassages.com>, E-mail: music@gracefulpassages.com

W

Holistic Nursing, a Handbook for Practice, 3rd Edition - 2000

For all nurses who are interested in gaining in-depth knowledge of holistic nursing. Learn how to use safe, cost-effective holistic nursing interventions to complement medical and surgical techniques. With ample use of case studies, step-by-step techniques, and practical tools incorporating an overall vision of holistic healing, this vital handbook gives you a firm theoretical foundation and skills for applying new holistic caring modalities. For nurses in all settings-critical care, home health, clinic, and classroom. An instructor's manual is available upon request. ISBN #0834216299. Order online at <http://www.aspenpublishers.com>

W

Instructor's Manual for Holistic Nursing: A Handbook for Practice

Prepared by Barbara M. Dossey, RN, MS, HNC, FAAN, Cathie Guzzetta, RN, PhD, FAAN, and Lynn Keegan, PhD, RN, FAAN, 88 pages. Published by Aspen Publishing. ISBN # 0834217007. Call 1-800-638-8437 to order.

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Fast Fact – 5 Minute Inservice

Nonpharmacologic (Mind – Body) Approaches to Managing Pain

D. Guidelines/Clinical Pathways

E. Other Organizational Links

American Academy of Medical Acupuncture <http://www.medicalacupuncture.org/>

American Association for Therapeutic Humor <http://www.aath.org>

American Holistic Nurses Association <http://www.ahna.org>

American Massage Therapy Association <http://www.amtamassage.org>

American Music Therapy Association <http://www.namt.com>

Internet Health Library <http://www.internethealthlibrary.com>

National Center for Complementary and Alternative Therapies <http://nccam.nih.gov>

Simonton Center <http://www.simontoncenter.com>

F. Key References

Packet of Non-Drug Information

- Rhiner M, Ferrell BR, Ferrell BA, Grant MM. "A Structured Nondrug Intervention Program for Cancer Pain." Cancer Practice, 1993; 1(2):137-143 - The purpose of this article is to report on the development and initial results of nondrug interventions used in a pain education program for elderly cancer patients at home. The nondrug methods include heat, cold, massage/vibration, distraction, and relaxation, with 19 interventions described.

W Patient Education Program (English & Spanish versions). Descriptive hand-outs offering detailed instructions on the 19 non-drug interventions featured in the above article "A Structured Nondrug Intervention Program for Cancer Pain." These instruction guides were incorporated into an entire workbook on managing cancer pain at home. The modalities featured include: Massage (Hand, Vibration), Distraction (Music, Humor), Relaxation (Imagery, Breathing Exercises, and Tapes), Cold (Ice Bags, Cold Cloth, Frozen Gel Packs, Ice Massage), and Heat (Heating Pad, Hot Baths, Moist Heat, Hot Wrap). A list of research publications based on studies at the City of Hope which led to the development of this patient teaching project.

W Non-Drug Bibliography (2001 version)

W Non-Drug Resource List (1998 version)

W Music as Medicine – Bibliography

G. Position Statements/Standards

W AHNA Standards of Holistic Nursing: Guidelines for Caring and Healing – 2000 version

The Standards of Holistic Nursing Practice and how they are applied in daily practice. Order form available at <http://www.aspenpublishers.com>

W California Board of Registered Nursing Complementary and Alternative Therapies in Registered Nursing Practice – 2000 version

The competency of a registered nurse to perform the skills of complementary and alternative therapies begins with nursing education and end with the safe nursing practice of those skills in such a way "that ensures the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures". Download at <http://www.rn.ca.gov>

W Oncology Nursing Society Position Statement on Complementary and Alternative Therapies – 2000 version

The interchangeable use of the terms "complementary", "alternative", and "integrative" therapies has contributed to confusion and misconceptions in addressing this domain of treatment. These terms do not necessarily describe what a therapy may be but, rather, how it is used. This statement will further discuss the difference between these terms and what the duty of the oncology nurse is in using these therapies. Download at <http://www.ons.org>

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Please visit our web site often to stay informed on national issues and events affecting the disability community.

Contact info:

Name: Consortium for Citizens with Disabilities
Address: 1660 L Street, NW, Ste. 700, Washington, DC 20036
Phone: 202-783-2229 Fax : (202) 783-8250
E-mail: info@c-c-d.org
Web Site: www.c-c-d.org



Covenant Health System
Covenant Medical Center-Lakeside

Located in Lubbock, Texas, Covenant Health System is the largest health care institution in the West Texas and Eastern New Mexico region, with 1,338 licensed beds, 6,000 employees and more than 600 admitting physicians at its cornerstone facilities.

Please visit our website for on-line articles pertaining to Health & Wellness.

Contact info:

Name: Covenant Health System
Address: 3615 19th Street, Lubbock, Texas 79410
Phone: 806-725-1011
Web Site: www.covenanthealth.org



ENDOMETRIOSIS ASSOCIATION, INTERNATIONAL

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
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| <i>Endometriosis: The Inside Story</i> | Video on endo including stories | | U.S. \$29.95 |
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| <i>Overcoming Endometriosis: New Help for the Endometriosis Association (1987)</i> | Anthology of acclaimed articles, fact sheets, research reviews, etc. Treatments, strategies, new directions, research recaps. | 329 | US \$14.95 |
| <i>Endometriosis: A Key to Healing Through Nutrition (1999)</i> | Explanation of endometriosis affects on the body, advise on pain reduction and improved fertility, the role of nutrition, information on foods that harm, health, vitamins and minerals, recipes and menus, cast histories. | 404 | US \$16.95 |

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| Various expert videos/tapes/cds on aspects of the disease from anniversary conferences. | Bowel endometriosis; laparoscopically assisted vaginal hysterectomy for endo; when is laparotomy appropriate?; what's new in preventing adhesions?; infertility and endo; endometriosis : What a pain it is; nutrition and endo: does endometriosis run in the family?; coping with endo; traditional Chinese medicine and endo; national vs. synthetic hormones; Hispanics women and endo; black women and endo; husbands, partners, families and friend and endo. Overview: do we really know what about endometriosis? New finding on candidiasis and endo; Living with an overcoming endo. | | Cost vary |
| Endometriosis: Diagnostic Kit | | | US \$4.75 |
| <i>Teens Speak out on Endometriosis</i> | First video where teens with endo tell their stories. Diagnosis, treatment, coping and sources for help are included | | US \$145.95 |
| Free brochures on: Endometriosis and the work of the Association (28 languages) Endometriosis for teenagers "Killer Cramps"—pain Various free brochures on Endo and Environmental toxins including dioxin, phthalates | | | |

Contact info:

Name: Endometriosis Association, International Headquarters
Address: 8585 North 76th Place, Milwaukee, WI 53223, USA
Phone: Toll Free – 800-992-3636; (414) 355-2200
Email: endo@endometriosisassn.org
Web Site: www.EndometriosisAssn.org



Endometriosis Research Center

As a well-established non profit organization for Endometriosis support, awareness, education and research facilitation, we offer extensive programs concerning all aspects of Endometriosis. Who the ERC helps:

- ❖ Patients with Endometriosis
- ❖ Loved ones of those with Endometriosis
- ❖ Physicians who treat those with Endometriosis
- ❖ Scientists and related healthcare professionals who research and study Endometriosis
- ❖ Healthcare corporations interested in developing new Endometriosis treatment techniques, therapies and related devices
- ❖ Policymakers and political representatives interested in improving the lives of their constituents with Endometriosis
- ❖ Clinicians, medical centers and trial sites conducting testing on emerging Endometriosis treatments; and
- ❖ Journalists, authors and other media professionals seeking authoritative, timely content on Endometriosis.

There is never a fee to participate in or benefit from the ERC's extensive programs. We exist solely on the donations of like-minded sources that share our goals of improving the quality of life for those with Endometriosis and ultimately, finding a cure.

Sample links at the website are:

How Can I Help

Friends of the ERC

Patients, Family & Friends

Professionals

ERC News/Press Releases

Clinical & Research Updates (The ERC will keep you updated in this section by providing you with current clinical trials, news & research and exciting ERC recruitment opportunities. Membership (free) may be required to access some links.)

Legislation News/Awareness

Contact info:

Name: Endometriosis Research Center

Address: 630 Ibis Drive, Delray Beach, FL 33444

Phone: 800-239-7280

E-mail: EndoFL@aol.com

Web Site: www.endocenter.org

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Family Caregiver Alliance

We can offer the following materials for professional and public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
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| Assisted Living & Supportive Housing | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
| Caregivers Guide to Medications & Aging | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
| Caregivers Guide to Understanding Dementia Behaviors | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
| Caregiving & Depression | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
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| Community Care Options | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
| Consumer Products & Assistive Equipment | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
| Coping with Behavior Problems after Head Injury | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |
| Dementia, Caregiving & Controlling Frustration | CAREGIVING ISSUES & STRATEGIES | Fact Sheet | \$1.00 see online order form |

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Contact info:

Name: Family Caregiver Alliance

Address: 180 Montgomery St, Ste 1100, San Francisco, CA 94104

Phone: 415-434-3388, 800-445-8106 Fax: 415-434-3508

E-mail: info@caregiver.orgWebsite: www.caregiver.org



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Contact info:

Contact: John Garrett

Name: For Grace

Address: Post Office Box 1724, Studio City, CA 91614

Phone: 818-760-7635

Email: rsdaware@forgrace.org

Web Site: www.forgrace.org



Institute for Health and Productivity Management

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| <i>Economic Analysis of Health and Productivity</i> | Research Publication | 41 pages | Members \$34.95 Non-members \$49.95 |
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Order copies of all Research Publications for Members \$150.00, Non-Members \$195.00 See website to order.

Contact info:

Name: IHPM Administrative Office

Address: 4435 Waterfront Drive, Suite 101, Glen Allen, VA 23060

Website: www.ihpm.org



INTERCULTURAL CANCER COUNCIL

The Intercultural Cancer Council (ICC) promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories.

Contact info:

Name: Intercultural Cancer Council

Address: 6655 Travis, Suite 322 , Houston, TX 77030-1312

Phone: 713-798-4617 Fax: 713-798-6222

E-mail: info@iccnetwork.org

Web Site: <http://iccnetwork.org/>



INTERNATIONAL FOUNDATION FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

We can offer the following materials for professional, public awareness/patient education:

| | | | |
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| IFFGD, the International Foundation for Functional Gastrointestinal Disorders, is a nonprofit education and research organization founded in 1991. IFFGD addresses the issues surrounding life with gastrointestinal (GI) functional and motility disorders and increases the awareness about these disorders among the general public, researchers, and the clinical care community. Membership is \$25.00 | We address issues related to digestive health such as... <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) or chronic heartburn • Irritable bowel syndrome (IBS) or dyspepsia • Functional GI disorders like abdominal pain, constipation, or diarrhea • Bowel incontinence or pelvic floor pain • Pediatric gastrointestinal disorders • Hirschsprung's disease (HD) • Chronic intestinal pseudo-obstruction | Many Brochures and Article Reprints available via our website Quarterly Journal <i>Digestive Health Matters</i> | See Web Site for order form. |
|---|--|---|------------------------------|

Contact info:

Name: IFFGD

Address: PO Box 170864, Milwaukee, WI 53217-8076

Phone: 414-964-1799 Fax : 414-964-7176

E-mail: iffgd@iffgd.org

Web Site: www.iffgd.org



INTERSTITIAL CYSTITIS

We can offer the following materials for professional education:

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| Interstitial Cystitis Brochure | Overview of the disease & treatments | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| Interstitial Cystitis Brochure | Same brochure—in Spanish | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| IC & Diet | Description of how diet may affect IC and what foods and beverages may or may not be involved. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| IC & Sexuality | Description of how IC may affect the ability of IC patients to enjoy their sex lives, Offers suggestions and alternatives for those who find traditional sex too painful. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| IC & Self-Help | Descriptions of techniques that patients can try on their own to help alleviate their symptoms. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| Men & IC | Description of how IC affects men as well as which treatment and self-help measures may work for them. | 4-panel 2-color brochure | 6.25 per pack of 25 each |

| | | | |
|---|--|---|-----------|
| ICA Treatment Guidelines | A comprehensive outline of the treatments and medications currently recommended for IC, including diagnostic techniques and medications in developments. A must-have for newly diagnosed patients and their healthcare providers | 4 full-size 2-color glossy pages | 1.50 each |
| IC & Pain Fact Sheet | Comprehensive information on alternatives for treating IC pain | 2 pages | None |
| Interstitial Cystitis and Pain Fact Sheet | Pain Management strategies for IC | 1 8 1/2" x 11" sheet, 2 sides | .15 each |
| ICA IC Treatment Guidelines | Summary of current and in-the-pipeline treatments for interstitial cystitis | 1 17" x 11" sheet folded in half, 2 sides | .35 each |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|--------------------------------|--|----------------------------------|--------------------------|
| Interstitial Cystitis Brochure | Overview of the disease & treatments | 8-panels, 4x9 each | None |
| Interstitial Cystitis Brochure | Same brochure—in Spanish | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| IC & Diet | Description of how diet may affect IC and what foods and beverages may or may not be involved. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| IC & Sexuality | Description of how IC may affect the ability of IC patients to enjoy their sex lives, Offers suggestions and alternatives for those who find traditional sex too painful. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| IC & Self-Help | Descriptions of techniques that patients can try on their own to help alleviate their symptoms. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| Men & IC | Description of how IC affects men as well as which treatment and self-help measures may work for them. | 4-panel 2-color brochure | 6.25 per pack of 25 each |
| ICA Treatment Guidelines | A comprehensive outline of the treatments and medications currently recommended for IC, including diagnostic techniques and medications in developments. A must-have for newly diagnosed patients and their healthcare providers | 4 full-size 2-color glossy pages | 1.50 each |

| | | | |
|---|--|---|-----------|
| ICA Treatment Guidelines | Same publication-in Spanish | 4 full-size 2-color glossy pages | 1.50 each |
| IC & Pain Fact Sheet | Comprehensive information on alternatives for treating IC pain | 2 pages | None |
| ICA Fact Sheet: Finding the Right Physician For You | A very informative fact sheet on how to select a physician to collaborate with you on treating your IC | 1 page printed 2 sides | 1.00 each |
| Interstitial Cystitis and Pain Fact Sheet | Pain Management strategies for IC | 1 8 1/2" x 11" sheet, 2 sides | .15 each |
| ICA IC Treatment Guidelines | Summary of current and in-the-pipeline treatments for interstitial cystitis | 1 17" x 11" sheet folded in half, 2 sides | .35 each |

Log onto www.ichelp.org; click on *Physician Resources*. All of the ICA's resources for Healthcare Providers are listed here and available to order on-line. OR call 1-800-HELP ICA and ask for a Healthcare Provider Order Form.

Contact info:

Contact: Ann Chesnut

Name: Interstitial Cystitis Association

Address: 110 N. Washington Street, Suite 340, Rockville, MD 20850

Phone: 914-528-9495, 10 am – 2 pm, Mon-Fri

Email: ICAmail@ichelp.org – please add “For Ann Chesnut” to Subject line

Web Site: www.ichelp.com



LUPUS FOUNDATION OF AMERICA

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Item Number | Charge? |
|---|----------------------------------|-------------|---|
| What is Lupus? | Brochure | B0001 | \$30 per 100 Also available on Web Site |
| Lupus Fact Sheet | Fact Sheet | | Available on Web Site |
| Joint & Muscle Pain in Systemic Lupus Erythematosus (SLE) | Brochure | B0017 | \$25 per 100 Also available on Web Site |
| Dolor en las Articulaciones y los Musculos Producidos por el Lupus (Joint & Muscle Pain) | Easy to read fact sheets-Spanish | FSE008 | \$25 per 100 |
| Que es le Lupus (What is Lupus?) | Easy to read fact sheets-Spanish | FSE0012 | \$25 per 100 |

Various other resources and references are available on the Web Site. www.LUPUS.ORG

Order Information:

LFA – P.O. Box 932615
Atlanta, GA 31193-2615

Toll Free: 866-4-THE-LFA or
866-484-3532

Contact info:

Contact: Lupus Foundation of America
Name: Dorothy K. Howe, Vice President of Education
Address: 2000 L Street, N.W., Suite 710
Washington, DC 20036
Phone: 202-349-1155, 1-800-558-0121 Fax: 202-349-1156
Email: info@lupus.org
Web Site: www.lupus.org

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MEN'S HEALTH NETWORK

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|---|--|--------------|-------------|
| MHN Health Zone | Turnkey Health Fair Kit | | |
| Get It Checked | Screening Guidelines for men & women | 1 | \$0.35 each |
| Facts About Prostrate Cancer | | 1 | \$0.35 each |
| Facts About Low Testosterone | | | \$0.35 each |
| Shower Hangers card. Breast self-exam on one side/testicular self exam and prostate information on other side | | | \$1.25 each |
| Screening and Event Planner | Designed to help you create screening projects. Step by step planning guide and CD-Rom documents | | \$125 |
| 19 Ways to save your husband's life. | 11" x 17" card | | \$0.50 |

Contact info:

Name: Men's Health Network

Address: Post Office Box 75972, Washington, DC 20013

Phone: 202-543-6461

Email: order@menshealthnetwork.org

Web Site: www.menshealthnetwork.org



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

NAACP Health Division

The fight for equity and quality extends to health care for African Americans. Long before it became a broadbased public concern, efforts were underway to ensure that economic and social barriers would not lead to increasingly severe health crises in the minority community. In the early 1930's a national Health Committee was organized under the leadership of Dr. Montague Cobb. Today, the NAACP's Health Division has been leading the effort to inform and educate the community about health care costs; quality and access; disease prevention; health care professions and training; and youth and elderly health issues. The national health coordinator works with the National Health Committee to create and implement projects, evaluate and draft policy statements, and represent the NAACP at conferences and workshops, and on advisory boards.

The National Health Committee has sponsored four Health Summit conferences since 1992, concentrating on current issues relating to the health and well being of African Americans. In an effort to share concise information on NAACP health policy in a new workbook, "Here's to Your Health: How to Organize a NAACP Health Committee," was created. Additionally, workshops and training sessions are held during the seven Regional Leadership Training conferences and other sites around the country. Health plenary sessions or workshops have been held at NAACP National Conventions for the past 10 years.

The Health Division's goals are to organize new NAACP branch health committees; develop national health education initiatives; expand outreach in communities; sponsor collaborative programs with other national and local health groups.

Contact info:

Name: NAACP National Headquarters
Address: 4805 Mt. Hope Drive, Baltimore Maryland 21215
Phone: 877-NAACP-98
Web Site: www.naacp.org



NATIONAL ASSOCIATION OF SOCIAL WORKERS

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|--|--------------|-------------|
| <i>NASW News</i> | Official newspaper of the NASW. Primary information vehicle for practitioners, administrators, researchers, faculty & students. | Newsletter | See website |
| Refer to the 2002 Publications Catalog & Resource Guide | Wide variety of high quality books for the social sciences. | Various | See website |
| NASW Press | Publishes the journal <i>Social Work</i> quarterly. Plus 4 specialty journals <i>Health & Social Work</i> , <i>Children & Schools</i> , <i>Social Work Research</i> and <i>Social Work Abstracts</i> . | Journals | See website |

Contact info:

Name: National Association of Social Workers

Address: 750 First Street, NE, Suite 700, Washington DC 20002-4241

Phone: 202-408-8600

Web Site: www.naswdc.org



NATIONAL CHRONIC PAIN OUTREACH ASSOCIATION

The National Chronic Pain Outreach Association, Inc. (NCPOA) is a non-profit organization established in 1980. Its purpose is to lessen the suffering of people with chronic pain by educating pain sufferers, health care professionals, and the public about chronic pain and its management.

Contact info:

Name: National Chronic Pain Outreach Association, Inc.

Address: PO Box 274, Millboro, VA 24460

Phone: 540-862-9437

Web Site: www.chronicpain.org



NATIONAL CONSUMERS LEAGUE

We can offer the following materials for professional, patient/public awareness education:

| Title | Summary of Contents | Pages/length | Charge |
|---|---------------------|--------------|---------------------------|
| <i>A Consumer Guide to Dietary Supplements</i> | | | Free on www.nclnet.org |
| <i>Your Health is in Your (Clean) Hands</i> | | | Free on www.nclnet.org |
| <i>Mammograms – A Consumer Guide to Breast Cancer Detection</i> | | | Free on www.nclnet.org |
| <i>Food and Drug Interactions</i> | | | Free on www.nclnet.org |
| <i>Bacteria Busters' Guides</i> | | | Free on www.nclnet.org |
| <i>Consumer Guide to Generic Drugs</i> | | | Free on www.nclnet.org |
| <i>OTC Pain Meds: What Helps, What Hurts</i> | | | Free on www.nclnet.org |
| <i>Protecting Your Eyes From the Sun</i> | | | Free on www.nclnet.org |
| <i>Taking Care of Headaches</i> | | | Free on www.nclnet.org |
| <i>30-Day Stress Log</i> | | | Free on www.nclnet.org |

Contact info:

Name: National Consumers League
Address: 1701 K Street, N.W., Suite 1200 Washington, DC 20006
Phone: 202-835-3323 Fax: 202-835-0747
Email: info@nclnet.org
Web Site: www.nclnet.org



NATIONAL FIBROMYALGIA ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|---|----------------------------|--|
| A Physician's Guide to Fibromyalgia Syndrome | A doctor's guide to etiology, diagnosis & treatment of Fibromyalgia | On-line access via website | Free at www.fmaware.org |
| Could It Be Fibromyalgia? | An excellent overview from <i>Medscape's</i> Roberick Hooker, Ph.D., about the etiology & treatment of Fibromyalgia | On-line access via website | Free at www.fmaware.org |
| FMS & "The Disability Dilemma" | Dr. Robert Bennett's scholarly article on how to assess disability in Fibromyalgia patients. | On-line access via website | Free at www.fmaware.org |
| Manual Tender Point Survey | A guide for physicians on how to conduct a Manual Tender Point Survey (MTPS) for Fibromyalgia patients. | On-line access via website | Free at www.fmaware.org |
| PFIZER'S PREGABALIN Significantly Improves Pain in Fibromyalgia Patients | Pfizer Inc's pregabalin was shown to provide improvement of pain in patients with fibromyalgia, a chronic & debilitating pain syndrome, according to data presented at the annual meeting of the American College of Rheumatology | On-line access via website | Free at www.fmaware.org |
| Social Security: The Role of the Physician | Joshua Potter explains the important role of the physician in applying for Social Security disability benefits. | On-line access via website | Free at www.fmaware.org |
| Understanding Chronic Pain & Fibromyalgia: A Review of Recent Discoveries | Fibromyalgia expert, Dr. Robert Bennett, explains why Fibromyalgia is not a problem that can be understood according to the classic medical model, but rather as a problem of disordered sensory processing. | On-line access via website | Free at www.fmaware.org |

We can offer the following materials for patient/public awareness education:

| Title | Summary of Contents | Pages/length | Charge |
|--------------------------------------|--|---------------------|---|
| <i>Fibromyalgia Aware</i> Magazine | Published by the National Fibromyalgia Assn three times a year. A comprehensive, reliable resource that will help to improve the quality of life of all those affected by Fibromyalgia & overlapping conditions. | Various | See website for information to subscribe |
| Fibromyalgia ONLINE | On-line Newsletter | Various | See website for information to subscribe |
| Extensive list of articles and books | Various subjects | Various | See Book Store on website for information |

Contact info:

Name: National Fibromyalgia Association
Address: 2200 Glassell Street, Suite "A", Orange, CA 92865
Phone: 714-921-0150 Fax: 714-921-6920
Website: www.fmaware.org



NATIONAL FIBROMYALGIA PARTNERSHIP

The National Fibromyalgia Partnership, Inc (NFP) is the largest non-profit, membership organization for fibromyalgia (FM) in the United States. Based in the Washington, DC, area, it provides medically accurate information on FM to individuals with fibromyalgia and their families, health care professionals, and the general public – both nationwide and in many other countries.

See our website for complimentary copy of the NFP Brochure and Catalog.

Contact info:

Web Site: www.fmpartnership.org



NATIONAL HEADACHE FOUNDATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|---|--|--------------|--|
| The Emergency Room Guide to Distinguishing the Legitimate Headache Sufferer from the Drug Seeking Patient | | | Free on www.headaches.org |
| Headache Screening Questionnaire | Use this <u>helpful screening tool</u> to get valuable information from your patients | | Free on www.headaches.org |
| Headache Measurement Tools | Accurate measurement and better communication of headache impact on a patient's life are the goal of <u>these measurement and assessment tools</u> . | | Free on www.headaches.org |
| Migraine Prevention Screening Tool | A <u>brief questionnaire</u> designed to help an individual determine if they need migraine prevention treatment. | | Free on www.headaches.org |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|-----------------------------|--|--------------|--|
| Newsletter | Newsletter - bimonthly publication | 16 pager | \$20 |
| Headache Measurement Tools | Learn how headache impacts your life. | | Free on www.headaches.org |
| Patient Assistance Programs | Some pharmaceutical companies make medications available at no charge to eligible patients. | | Free on www.headaches.org |
| Ten Important Steps | Leading headache specialists recommend specific steps migraine sufferers can take to better communicate with their healthcare providers and obtain a successful treatment program. | | Free on www.headaches.org |
| Headache F.A.Q. | Frequently asked questions about headaches. | | Free on www.headaches.org |
| Headache Topics | Each sheet is brief yet packed with important info. | | Free on www.headaches.org |
| NHF Headache Fact Sheet | The NHF Headache Fact Sheet is a quick reference for anyone who wants to know more about the effects of headache. | | Free on www.headaches.org |

| | | | |
|----------------------------------|---|--|---|
| Headache Measurement Tools | Learn how headache impacts your life. | | Free on www.headaches.org |
| Headache Screening Questionnaire | Use this helpful screening tool to learn valuable information about headaches | | Free on www.headaches.org |
| Headache Diary | Keeping detailed records of headache episodes can help provide additional insight about triggers and how to avoid them. | | Free on www.headaches.org |

The National Headache Foundation offers a selection of books, pamphlets, video and audio tapes. Please visit the web site for a complete listing.

Contact info:

Contact: National Headache Foundation

Name: Suzanne Simons

Address: 820 N. Orleans, Suite 217, Chicago, IL 60610

Phone: 888-NHF-5552

Email: info@headaches.org

Web Site: www.headaches.org

| <i>BROCHURES</i> | NHF Member | Non- Member | Quantity | Price |
|---|-----------------------|------------------------|-----------------|--------------|
| <i>(Prices require additional postage of \$2.00 for 11–20 pieces and \$3.00 for 21–75 pieces. Orders for 76 pieces or more will be charged exact postage. Please call for more information.)</i> | | | | |
| The Complete Headache Slide Chart Chart lists 21 different types of headaches, their symptoms, precipitating factors, treatment and prevention. | \$2.00 | \$2.50 | | |
| The Headache Handbook 8-page brochure with information on causes, types of headaches, available treatments. | \$1.00 | \$1.50 | | |
| About Headaches 16-page pamphlet with in-depth look at headaches, tips on when to seek medical advice, treatment, etc. | \$1.25 | \$1.75 | | |
| About Stress Management 16-page brochure underscores the health benefits that come from managing stress effectively. It identifies stress-management techniques, talks about how to get started, and where to locate additional help for managing stress. | \$1.25 | \$1.75 | | |
| About Relaxation Techniques 16-page brochure overview includes step-by-step instructions for do-it-yourself relaxation method such as meditation, deep-breathing, and visualization. It also includes background information on massage, yoga, and other techniques. | \$1.25 | \$1.75 | | |
| About Over-the-Counter Medications 16-page brochure explains the importance of using OTC medications properly, the potential risks and precautions to take with certain medications, how to read medication labels, and other valuable patient information. | \$1.25 | \$1.75 | | |
| How to Talk to Your Doctor 8-page brochure on when to seek help for a headache problem, keeping a headache diary, discussing headache with your doctor. | \$1.00 | \$1.50 | | |
| A Patient's Guide to Migraine Prevention & Treatment 10-page guide includes causes and phases of migraine, drug and non-drug approaches to treatment and prevention, and a diet for migraine sufferers. | \$1.00 | \$1.50 | | |
| Headache: A Guide to Prevention & Treatment 6-page guide covers topics such as the different types of headache; drug and non-drug therapy; when and how to discuss your headache symptoms with your doctor. | \$1.00 | \$1.50 | | |
| Alternative Therapies & Headache Care 20-page brochure intended as an introduction to alternative medicine, this publication would guide you through the vast array of alternative headache remedies. The goal of the booklet is to further the principle that an informed consumer more effectively participates in personal healthcare decisions. | \$3.00 | \$4.00 | | |
| Managing Headaches: What You Need to Know 88-page guide to the Standards of Care for Headache Diagnosis and Treatment as established by the National Headache Foundation. | \$4.00 | \$5.00 | | |
| New perspectives on caffeine and headache: <i>Straight talk for headache sufferers</i> 19-page brochure summarizes and explains the most recent information about the unique relationship between caffeine and headache. | \$3.00 | \$3.50 | | |

AUDIOTAPES

(Prices include postage & handling)

| | | | | |
|--|---------|---------|--|--|
| The Relaxation Tape Audiotape teaches techniques for greater self-control and relaxation. Narrated by a physical therapist, tape contains a 30-minute and 15-minute sessions. | \$9.00 | \$12.00 | | |
| Stretch and Relax Tape Audiotape based on series of progressive relaxation techniques involving tightening and relaxing of specific muscle groups; contains 30-minute and 15-minute sessions. | \$11.00 | \$14.00 | | |
| (New) Relief from Tension-Type Headaches: Unique Medication-Free Techniques... Effective Results. This educational videotape demonstrates easy strategies for managing neuro-musculo-skeletal problems of the neck, shoulder, and scapular regions, which can contribute to tension-type headaches. Video runs 28 minutes. | \$14.95 | \$17.95 | | |

BOOKS

(Prices include postage & handling)

| | NHF Member | Non- Member | Quantity | Price |
|--|---------------|----------------|----------|-------|
| Migraines: Everything You Need to Know About Their Cause and Cure <i>Arthur H. Elkind, M.D.</i> 250-page paperback book with information on migraine causes and triggers; migraines in women, children and adolescents; treatment approaches; non-drug therapies; and resource listings. | \$7.95 | \$9.95 | | |
| Headache Relief <i>Seymour Diamond, M.D., Bill Still & Cynthia Still</i> 219-page book based on the latest headache research. New insight into what can be done for migraine, tension-type, and food-related headaches. | \$10.95 | \$13.95 | | |
| Headache in Children <i>Leonardo Garcia-Mendez, M.D.</i> 184-page book by a pediatric neurologist providing practical information for parents, teachers, and caregivers. | \$16.95 | \$19.95 | | |
| Headache Help: A Complete Guide to Understanding Headaches and the Medicines That Relieve Them (2nd Edition Updated and Revised) <i>Lawrence Robbins, M.D. & Susan S. Lang</i> 320-page book with extensive sections on new medication treatments, as well as non-medicine therapies; including an extensive herbal and alternative section. | \$18.00 | \$21.00 | | |
| Taking Control of Your Headaches: How to Get the Treatment You Need <i>Paul N. Duckera, Ph.D., William D. Richardson, M.D., and Janet E. Marshall, R.N.</i> 178-page book discusses coordination of medications, physical therapy, and behavioral changes to address all factors contributing to headache. | \$17.95 | \$20.95 | | |
| (NEW) Conquering Your Migraine Seymour Diamond, M.D. with Mary A. Franklin 224-page essential guide to understanding and treating migraines for all sufferers and their families. | \$16.00 | \$19.00 | | |
| (NEW) Headache and Your Child <i>Seymour Diamond, M.D., and Amy Diamond</i> 254-page complete guide to understanding & treating migraine & other headaches in children & adolescents. There is a patient history questionnaire, headache calendar and list of patient resources. | \$16.00 | \$19.00 | | |
| (NEW) The Migraine Gourmet <i>Jerry Rainville</i> 154-page guide to migraine-free cooking. Includes recipes from appetizers to desserts, as well as tips for navigating your way through the grocery store and when dining out. | \$15.95 | \$18.95 | | |

PROFESSIONAL RESOURCES (Prices include postage & handling)

| | | | | |
|---|---------|---------|--|--|
| (NEW) Therapeutic Guide for the Treatment of Headache 2000 248-page helpful guide aids physicians in prescribing approved pharmaceuticals as well as drugs approved for other uses that may be helpful abortively and prophylactically to the headache sufferer. This guide is updated periodically as new information becomes available. | \$22.00 | \$22.00 | | |
| (NEW) Standards of Care for Headache Diagnosis & Treatment 80-page guideline establishes a set of standards to ensure comprehensive and consistent delivery of medical care for headache sufferers; setting forth criteria for diagnosis, treatment and hospitalization when medically indicated. | \$10.00 | \$15.00 | | |

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TOTAL

Outside of North America, please add \$3.00 postage.

Name _____ Member ID Number _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ Email _____

Please make your check/money order payable to the National Headache Foundation, or charge:

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card # _____ Expiration Date _____

Cardholder Name _____

Order by... Phone: **1 888 NHF 5552**
Fax: **773 525 7357**

Mail: **National Headache Foundation**
428 West St. James Place, 2nd Floor
Chicago, IL 60614

F:\NHF - General Info\Price Lists-Order Forms\Educational Materials Order Form 2001.doc

8/7/2002



NATIONAL HISPANIC MEDICAL ASSOCIATION

Established in 1994 in Washington, DC, the National Hispanic Medical Association is a non-profit association representing 36,000 licensed Hispanic physicians in the United States. The mission of the organization is to improve the health of Hispanics and other underserved populations. As a rapidly growing national resource based in the nation's capital, NHMA provides policymakers and health care providers with expert information and support in strengthening health service delivery to Hispanic communities across the nation.

Contact info:

Name: National Hispanic Medical Association
Address: 1411 K Street, Suite 1100 Washington, DC 20005
Phone: 202-628-5895 Fax: 202-628-5898
Email: nhma@nhmamd.org
Web Site: www.nhmamd.org



NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

We can offer the following materials for professional education:

| Title | Summary of contents | Length | Price |
|--|--|------------------|--|
| A Guide for Managers | Helps managers of ill or grieving employees understand how to balance the need for compassion with the need to keep the organization functioning. | 12 page brochure | Member: 1-500 \$.78 501 + \$.63 Non-member: 1-500 \$1.50 501 + \$1.25 |
| A Guide for Working Caregivers | This booklet shares insightful information about the demands of caregiving and how to deal with the daily stresses of this position. | Booklet | Member: \$.78 Non-Member: \$1.50 |
| Helping Employees Cope After a Critical Incident | A critical incident is a sudden, random occurrence that disrupts the work place, is outside the usual human experience, and can shatter your employees' sense of well being. It may be an act of violence and/or death in the workplace, the result of a natural disaster or an act of terrorism. Whatever the source, it is important for managers to know and understand the natural reactions to these events and how to respond and be helpful to their employees. | Brochure | Member: \$.78 Non-Member: \$1.50 |
| | See our website (NHPCO Marketplace for additional materials. | | |

We can offer the following materials for public awareness/ patient education:

| Title | Summary of contents | Length | Price |
|------------------|---|------------------|--|
| A Guide to Grief | Takes readers through the feelings & symptoms of grief; shock, denial, anger, guilt, sadness, acceptance, and growth. Explains what happens throughout this process, and also looks at the steps grieving people can take to recognize their grief. | 12 page brochure | Member: 1-500 \$.78 501 + \$.63 Non-member: 1-500 \$1.50 501 + \$1.25 |

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| | | | |
|---------------------------------------|---|----------|--|
| Communicating Your End-of-Life Wishes | This brochure emphasizes the importance of communicating end-of-life wishes with loved ones early and often. It also gives consumer tips on how to initiate the conversation, including the timing, the setting, and the questions that could be asked. | Brochure | Member: 1-500 \$.88 501 + \$.78 Non-member: 1-500 \$1.18 501 + \$1.08 |
| | See our website (NHPCO Marketplace for additional materials. | | |

Contact info:

Name: National Hospice and Palliative Care Organization
Address: 1700 Diagonal Road, Suite 625, Alexandria, VA 22314
Phone: 703-837-1500 Fax : 703-837-1233
Email: nhpco_info@nhpco.org
Web Site: www.nhpco.org



NATIONAL MEDICAL ASSOCIATION

The NMA promotes the collective interests of physicians and patients of African descent. We carry out this mission by serving as the collective voice of physicians of African descent and a leading force for parity in medicine, elimination of health disparities and promotion of optimal health.

Contact info:

Name: National Medical Association
Address: 1012 Tenth Street, NW Washington, DC 20001
Phone: 202-347-1895 Fax: 202-898-2510
Web Site: www.nmanet.org



NATIONAL PAIN FOUNDATION

We can offer the following materials for professional education:

| Title | Summary of contents | Length | Price |
|---|--|---|--|
| http://www.NationalPainFoundation.org/NationalPainAwareness/default.asp or www.NationalPainFoundation.org | “Pain Ambassador Tool kit” with materials that make it easy for pain care professionals to effectively communicate pain issues to peers or the public: monthly e-newsletters, PowerPoint presentation about pain, pre-written Guest Editorials about relevant pain issues, Tip Sheet on how to talk to the media about pain, Q&A and Fact Sheet about pain, among others | Most components of tool kit are anywhere from one to three pages long | Free, donations of any size always welcome |
| National Pain Foundation brochures Email npf@NationalPainFoundation.org Or Call (303) 783-8899 | Brochures designed for hand-out that elaborate on the resources that are available on the NPF website for patients and physicians seeking more insight into pain and people in pain; allows patients to sign up for NPF e-newsletter/become members | 8 ½ X 11 tri-fold brochure | Free, donations of any size welcome |

We can offer the following materials for public awareness/ patient education:

| Title | Summary of contents | Length | Price |
|---|--|---|--|
| www.NationalPainFoundation.org | Contains an in-depth, comprehensive set of resources focused on education, support and advocacy to help people in pain and their loved ones better manage pain. Major site sections include: My Pain, My Treatment, My Support, My Community | The site is dedicated to education and support | Free, donations of any size always welcome |
| http://www.NationalPainFoundation.org/NationalPainAwareness/default.asp or www.NationalPainFoundation.org | “Pain Ambassador Tool kit” with materials that make it easy for those with experience with pain to effectively communicate pain issues to peers or the public: monthly e-newsletters, PowerPoint presentation about pain, pre-written Guest Editorials about relevant pain issues, Tip Sheet on how to talk to the media about pain, Q&A and Fact Sheet about pain, among others | Most components of tool kit are anywhere from one to three pages long | Free, donations of any size always welcome |
| National Pain Foundation brochures Email npf@NationalPainFoundation.org Or Call (303) 783-8899 | Brochures designed for hand-out that elaborate on the resources that are available on the NPF website for patients and physicians seeking more insight into pain and people in pain; allows patients to sign up for NPF e-newsletter/become members | 8 ½ X 11 tri-fold brochure | Free, donations of any size welcome |

Contact info:

Contact: Cathy Choy, Program Director

Name: The National Pain Foundation

Address: **Through July 31, 2005:** 3511 S. Clarkson St, Englewood, CO 80113**Beginning August 1, 2005:** 300 E. Hampden Ave, Ste 100, Englewood, CO 80113

Phone: 303-783-8899

Email: Choy@NationalPainFoundation.orgWeb Site: www.NationalPainFoundation.org



NATIONAL URBAN LEAGUE

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|-----------------------------------|--------------------------------------|---------------------|----------------|
| Health Alert! | Health tips for mature workers (55+) | 2 | Free |
| The Mature Worker | Information on NUL-SCSP Program | 4 | Free |
| African American Type II Diabetes | Prevention | 6 | Free |

Contact info:

Contact: Sandra Goodrich, Program Coordinator, Public Information
 Name: National Urban League Seniors In Community Service Program
 Address: 120 Wall Street, 8th Floor, New York, NY 10005
 Phone: 212-558-5308
 Email: sgoodrich@nul.org
 Web Site: www.nul.org



NATIONAL VULVODYNIA ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|--|--------------------------|--|
| www.nva.org | NVA website – educational overview | N/A | Free |
| Vulvodynia: Integrating Current Knowledge Into Future Practice | Online Teaching Program Covers history, prevalence, diagnosis and treatment of vulvodynia | 30 minute online program | Free |
| NVA Brochure | Summary vulvodynia and mission/activities of NVA | Brochure | Free |
| NVA News | Quarterly newsletter Contains articles written by experts in the field | 12 pages | Included in membership; can be ordered separately by non-members |
| NVA Research Update | Quarterly electronic newsletter containing summaries of newly published medical research | Variable | Free |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|--|--|---------------------|--|
| I Have Vulvodynia... What Do I Need to Know? | Educational guide Covers vulvovaginal anatomy, diagnosis and treatment of vulvodynia as well as coping strategies | 12 pages | Free to members; \$10 for non-members |
| NVA Brochure | Summary vulvodynia and mission/activities of NVA | Brochure | Free |
| www.nva.org | NVA website – educational overview | N/A | Free |
| NVA News | Quarterly newsletter Contains articles written by experts in the field | 12 pages | Included in membership; can be ordered separately by non-members |
| NVA Update | Quarterly electronic newsletter | Variable | Free |

Contact info:

Contact: National Vulvodynia Association

Name: Gigi Brecheen, Administrator

Address: PO Box 4491, Silver Spring, MD, 20914

Phone: 301-649-2236

Email: gigi@nva.org

Web Site : www.nva.org



NATIONAL WOMEN'S HEALTH RESOURCE CENTER

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|--|--|--|-----------------------|
| Pain management | Overview, questions to ask your health provider, resources, quiz | Healthywomen.org Website/print version available | Available on Web Site |
| Fast Facts: Pain: What Women Should Know | Fact sheet on women and chronic pain management. | 2 pages | Available on Web Site |
| Email Newsletters | Various e-newsletters listed on web site. | | Available on Web Site |

Contact info:

Contact: Vivien Ngethe
Address: NWHRC 120 Albany Street
Phone: 732.828.8575 or toll free at 1.877.986.9472
Email: vngethe@healthywomen.org
Web Site : <http://www.healthywomen.org/>



NATIVE AMERICAN CANCER RESEARCH

We are dedicated to helping improve the lives of Native American cancer patients and survivors. We seek to reduce Native American cancer incidence and mortality, and to increase survival from cancer among Native Americans.

Contact info:

Contact: Native American Cancer Research, Corp. (NACR)

Address: 3022 South Nova Road Pine, CO 80470

Phone: 303-838-9359

Web Site : <http://natamcancer.org/>



THE NEUROPATHY ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|---|--------------|---------|
| A Guide to the Peripheral Neuropathies | A listing of over 100 types of neuropathies | 24 pages | \$15.00 |
| Exercising with Neuropathy | Exercises for neuropathy | 16 pages | \$10.00 |
| Explaining Peripheral Neuropathy | Description of neuropathy | 20 pages | \$10.00 |

***Medical professionals should visit www.neuropathymd.org for past CME meetings and topics covered.**

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|---|--|------------------|---------|
| Explaining Peripheral Neuropathy | Description of neuropathy | 20 pages | \$10.00 |
| Exercising with Neuropathy | Exercises for neuropathy | 16 pages | \$10.00 |
| Back issue of Neuropathy News (1 issue) | Newsletter containing articles on neuropathy | Varies per issue | \$3.00 |
| Set of back issues of Neuropathy News (1-15) | Newsletter containing articles on neuropathy | Varies per issue | \$37.50 |
| Membership brochure form | Form for becoming a member | | Free |
| Relaxing with Neuropathy | Audio tape for relaxation | Audio tape | \$5.00 |
| Facts about Neuropathy | Quick facts about neuropathy | 1 page | Free |
| Questions often asked about Peripheral Neuropathy | Answers to common questions about neuropathy | 1 page | Free |

***Patients should visit www.neuropathy.org for more information on neuropathy.**

Contact info:

Contact: Catherine Law
 Name: The Neuropathy Association
 Address: P.O. Box 26226, New York, NY 10117-3422
 Phone: 212-692-0662
 Email: clawna@ix.netcom.com ; Web Site: www.neuropathy.org



PAIN COMMISSION OF OREGON

Oregon's Pain Management Program, created by the state Legislature in 1999:

- Provides connections to information, support groups and other resources to help people manage chronic pain
- Raises awareness about chronic pain issues among health care providers, policy makers and the general public

As you use the resources available through this Web site, remember that people experience pain in many ways, and that there are no "right" or "wrong" ways to manage it. Those with chronic pain should work with their health care providers to develop strategies that work best for them.

Contact info:

Name: Governor's Advocacy Office Pain Management Program

Address: 500 Summer Street NE, Salem, OR 97301-1097

Phone: 800-442-5238

Email: dhs.info@state.or.us;

Web Site: http://egov.oregon.gov/DHS/pain/pmc_members.shtml



PAIN and POLICY STUDIES GROUP

We can offer the following materials for professional, public awareness and patient education:

The Pain and Policy Studies Group (PPSG) website: www.medsch.wisc.edu/painpolicy is a resource for those interested in addressing the barriers to opioid availability for pain relief. Extensive information about pain policy is available, including: model guidelines for the use of controlled substances for the treatment of pain; a bibliography of published literature (with links to full-text documents); an extensive database of state statutes, regulations and guidelines relating to pain management; a criteria-based evaluation of federal and state pain-related policies and a Progress Report Card; and a resource guide to regulatory issues in pain management. Links are provided to many related sites that contain information relevant to pain relief and palliative care, including *Cancer Pain Release*, a publication of the World Health Organization that is dedicated to improving cancer pain control and palliative care. The PPSG website is updated regularly, is free to the public, and requires no registration.

Annual Review of State Pain Policies: <http://www.medsch.wisc.edu/painpolicy>

Cancer Pain Release: <http://www.WHOcancerpain.wisc.edu>

Contact info:

Contact: David E. Joranson, Senior Scientist, Director
 Name: Pain & Policy Studies Group
 World Health Organization Collaborating Center for Policy & Communications
 University of Wisconsin Comprehensive Cancer Center
 Address: 406 Science Drive, Suite 202 Madison, Wisconsin 53711-1068
 Phone: 608-263-7662
 Email: joranson@wisc.edu
 Web site: www.medsch.wisc.edu/painpolicy/



Pharmaceutical Research and Manufacturers of America

The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading research-based pharmaceutical and biotechnology companies, which are devoted to inventing medicines that allow patients to live longer, healthier, and more productive lives. The industry invested an estimated \$33.2 billion in 2003 in discovering and developing new medicines. PhRMA companies are leading the way in the search for new cures. (See our website to find out what qualifications are necessary to become a PhRMA organizational member.)

Contact info:

Name: The Pharmaceutical Research and Manufacturers of America
Address: 1100 Fifteenth Street, NW, Washington DC 20005
Phone: 202-835-3400
Fax: 202-835-3414
Web site: www.phrma.org



POST POLIO HEALTH INTERNATIONAL

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|---|---------------------|---|
| Information about the late effects of polio | In three sections: for polio survivors; for families and friends; for health professionals www.post-polio.org/inp/aboutlep.html | trifold | 1-25 free 25-50 S & H 51-100 \$10 plus S & H |
| Post-Polio Syndrome: Identifying Best Practices in Diagnosis & Care | Summary of International Conference of Researchers and Clinicians in 2000. | 25 pages | S & H |
| Post-Polio Health | Quarterly newsletter | 12 pages | With membership \$25 Selected articles available on Web Site |
| Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors | Book on dictionary format www.post-polio.org/inp/hndbk99.html | 120 pages | \$9.00 each + S & H |
| Information about ventilator-assisted living | Q & A format discussing the use of home mechanical ventilation. Will be online later | 12 pages | 1-25 free 25-50 S & H 51- 100 \$10 plus S& H |
| Ventilator-Assisted Living | Quarterly Newsletter | 12 pages | With \$25 membership Selected articles available on Web Site |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|--|--|---------------------|---|
| Information about the late effects of polio | In three sections: for polio survivors; for families and friends; for health professionals www.post-polio.org/ipn/aboutlep.html | Trifold pamphlet | 1-25 free 25-50 S & H 51- 100 \$10 plus S& H |
| Post-Polio Health | Quarterly Newsletter | 12 pages | With \$25 membership Selected articles available on Web Site |
| Guidelines for people who had polio | Summary from 2000 International conference www.post-polio.org/inp/modp.html | Trifold | S & H |
| Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors | Book in dictionary format | 120 pages | \$11.50 each |
| Information about ventilator-assisted living | Q & A format discussing the use of home mechanical ventilation | 12 pages | 1-25 free 25-50 S & H 51- 100 \$10 plus S& H |
| Ventilator-Assisted Living | Quarterly Newsletter | 12 pages | \$25 with membership Selected articles available on Web Site |

Contact info:

Contact: Post-Polio Health International
Name: Justine Craig-Meyer, Member Serviceshm
Address: 4207 Lindell Boulevard, #110, Saint Louis, MO 63108
Phone: 314-534-0475, Fax: 314-534-5070
Email: info@post-polio.org
Web Site: www.post-polio.org



REFLEX SYMPATHETIC DYSTROPHY SYNDROME ASSOCIATION OF AMERICA

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|--|--------------------|--------------------------------------|
| Do you have RSD/RCPS? | Symptoms/diagnostic criteria | Formatted brochure | Free Available on Web Site |
| Clinical Practice Guidelines | Comprehensive Guidelines | 46 pp. | \$1.60 Also available on Web Site |
| RSD Review | Quarterly Newsletter | 16-20 pp | \$15/year |
| Telltale Signs of RSD | 11 Signs & Symptoms | Laminated card | free |
| Treating RSD/CRPS A Guide for Therapy | Physical/Occupational Therapy for CRPS | Formatted Brochure | free |

Visit the RSDSA website for current presentations, articles and videos

<http://www.rds.org/3/education/index.html>

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|---|------------------------------|--------------------|--------------------------------------|
| Do you have RSD/RCPS? | Symptoms/diagnostic criteria | Formatted brochure | Free Available on Web Site |
| Clinical Practice Guidelines | Comprehensive Guidelines | 46 pp. | \$1.60 Also available on Web Site |
| RSD Review | Quarterly Newsletter | 16-20 pp | \$15/year |
| Telltale Signs of RSD | 11 Signs & Symptoms | Laminated card | free |
| Helping Children/Youth with RSD/CRPS Succeed in School | | Tri-fold pamphlet | Free Available on Web Site |

| | | | |
|--|---|---------|-----------------------------|
| Treating Complex Regional Pain Syndrome: A Guide for Therapy | A new brochure on treating CRPS from an occupational therapist. | 2 Pages | Free. Available on Web Site |
|--|---|---------|-----------------------------|

Contact info:

Name: Jim Broatch

Address: RSDSA, Post Office Box 502, Milford, CT 06460

Phone: 203-877-3790, Toll Free: 877.662.7737, Fax: 203.882.8362

Email: jwbroatch@aol.com

Web Site: www.rsds.org



SICKLE CELL DISEASE ASSOCIATION

The Sick Cell Disease Association of America, Inc. (SCDAA), formerly known as the National Association for Sick Cell Disease (NASCD) was founded in 1971 to provide as effective coordinated community-based approach to developing and implementing strategies to resolve issues surrounding sickle cell disease. Through three decades, SCDAA and its Member Organizations have demonstrated how community-based organizations can work with local and state government agencies in furtherance of national health care objectives

Visit the website for a variety of articles on Sick Cell Disease. www.sicklecelldisease.org

Contact info:

Name: Sick Cell Disease Association of America, Inc.
Address: 16 S. Calvert St, STE 600, Baltimore, Maryland 21202
Phone: 800-421-8453
Email: scdaa@sicklecelldisease.org
Website: www.sicklecelldisease.org



SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHNS HOPKINS

This is the website of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins. The center has been dedicated to better understanding human cancers and finding more effective treatments. One of only 41 cancer centers in the country designated by the National Cancer Institute (NCI) as a Comprehensive Cancer Center, the Kimmel Cancer Center has active programs in clinical research, laboratory research, education, community outreach, and prevention and control. The Johns Hopkins Kimmel Cancer Center is the only such NCI Comprehensive Cancer Center in the state of Maryland.

Contact info:

Name: The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
Address: The Harry & Jeanette Weinberg Bldg, Suite 1100, 401 North Broadway, Baltimore, MD 21231
Phone: Patients Making a First Appointment 410-955-8964
Clinical Trials Information 410-955-8804
Main Number for Johns Hopkins Hospital 410-955-5000
Website: www.hopkinskimmeltcancercenter.org



Southern California Cancer Pain Initiative

Founded in 1993 the Southern California Cancer Pain Initiative (SCCPI) is non-profit volunteer interdisciplinary organization made up of physicians, nurses, pharmacists, social workers and many other professionals dedicated to the relief of cancer pain. SCCPI works closely with other professional and regulatory agencies to remove barriers to optimum pain relief.

A list of the contacts for the State Pain Initiatives can be found on the Web Site and an electronic newsletter is available via the Web Site: <http://sccpi.coh.org>

Contact info:

Web Site: <http://sccpi.coh.org>



THE TMJ ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|---|---------------------|--|
| TMJ Science | Summarizes The TMJ Association's scientific meetings and recommendations. Three volumes currently available | Varies, 24-28 pages | First copy free. Contact TMJ Association for pricing guide |
| TMJ Communiqué | TMJ Association's quarterly newsletter | 4 | First copy free. Contact TMJ Association for pricing guide |
| TMJ Association Brochure | Describes TMJ Association's goals, missions and activities | Tri-fold brochure | First copy free. Contact TMJ Association for pricing guide |
| TMJ Diseases and Disorders Brochure | Detailed brochure on TMJ Diseases and Disorders | 12 | First copy free. Contact TMJ Association for pricing guide |
| Dental Hygiene Considerations for TMJ patients | Provides dental hygiene tips and suggestions for TMJ sufferers | 6 | First copy free. Contact TMJ Association for pricing guide |
| TMJ Association Web site, www.tmj.org | Comprehensive information on TMJ diseases and disorders | n/a | No fees |

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge? |
|--|---|---------------------|--|
| TMJ Science | Summarizes The TMJ Association's scientific meetings and recommendations. Three volumes currently available | Varies, 24-28 pages | First copy free. Contact TMJ Association for pricing guide |
| TMJ Communiqué | TMJ Association's quarterly newsletter | 4 | First copy free. Contact TMJ Association for pricing guide |
| TMJ Association Brochure | Describes TMJ Association's goals, missions and activities | Tri-fold brochure | First copy free. Contact TMJ Association for pricing guide |
| TMJ Diseases and Disorders Brochure | Detailed brochure on TMJ Diseases and Disorders | 12 | First copy free. Contact TMJ Association for pricing guide |
| Dental Hygiene Considerations for TMJ patients | Provides dental hygiene tips and suggestions for TMJ sufferers | 6 | First copy free. Contact TMJ Association for pricing guide |

Contact info:

Contact: The TMJ Association
Name: Deanne Clare
Address: P.O. Box 26770, Milwaukee, WI 53226
Phone: 414-259-3223
Email: 414-259-8112
Web site : www.tmj.org



TRIGEMINAL NEURALGIA ASSOCIATION

We can offer the following materials for professional education:

| Title | Summary of Contents | Pages/length | Charge |
|--|---|-------------------------|------------------------|
| Striking Back! The Trigeminal Neuralgia and Face Pain Handbook www.endthepain.org | Published by TNA in 2004 and authored by George Weigel and Kenneth F. Casey, M.D. It is written in layman's terms, describes all aspects of TN and facial pain, and provides information and resources for patients, family, and medical professionals. | 507 Pages | 24.95 + shipping |
| Working In A Very Small Place: The Making of A Neurosurgeon, by Mark L. Shelton. www.endthepain.org | Dr. Peter Jannetta's experiences as a neurosurgeon treating trigeminal neuralgia and development of the Microvascular Decompression Procedure | 315 | 19.95 + shipping |
| TNAAlert www.endthepain.org | Newsletter of TNA | @ 8 pages | 30.00 for subscription |
| Trigeminal Neuralgia Association Brochure www.endthepain.org | Gives information on services provided by TNA. | Brochure | No charge |
| Support Groups www.endthepain.org | Contact information for TNA Support Groups and Telephone Contacts | 2 pages Front & Back | No charge |
| Overview for Patients and Their Families Also available in Spanish www.endthepain.org | Overview of presumed cause and treatments for Trigeminal Neuralgia | 4 | 10/6.00 |

| | | | |
|---|---|-----|-------|
| 2004 TNA Fifth National Conference Report www.endthepain.org | Over 135 pages of medical reports bound as a book, from the TNA 5th National Conference, held November, 2004 in Orlando, Florida. Covering three days of presentations by leading healthcare professionals in the treatment of TN and related facial pain conditions -- Diagnosis, Dental Implications, Medical Management, Surgical Procedures, Pain Management, and more! | 135 | 13.00 |
|---|---|-----|-------|

We can offer the following materials for public awareness/patient education:

| Title | Summary of Contents | Pages/length | Charge |
|--|---|-------------------------|---|
| TNAAlert for those registered through TNA www.endthepain.org | Newsletter of TNA | 8 pages | No charge Patient must register with TNA |
| Striking Back! The Trigeminal Neuralgia and Face Pain Handbook www.endthepain.org | A layman's guide to understanding and treating all aspects of TN and facial pain, and provides information and resources for patients, family, and medical professionals. | 507 Pages | 24.95 + shipping |
| Working In A Very Small Place: The Making of A Neurosurgeon, by Mark L. Shelton. www.endthepain.org | Dr. Peter Jannetta's experiences as a neurosurgeon treating trigeminal neuralgia and development of the Microvascular Decompression Procedure | 315 | 19.95 + shipping |
| Trigeminal Neuralgia Association Brochure Also available in Spanish www.endthepain.org | Information on services That TNA provides | Brochure | No charge |
| TNA Support Groups Listing www.endthepain.org | Contact information for TNA Support Groups and Telephone Support Contacts | 2 pages Front & Back | No charge |
| Overview for Patients and Their Families Also available in Spanish www.endthepain.org | Overview of Trigeminal Neuralgia, presumed cause and treatments options | 4 pages | 10/6.00 |

| | | | |
|---|---|-----|-------|
| 2004 TNA Fifth National Conference Report www.endthepain.org | Over 135 pages of medical reports bound as a book, from the TNA 5th National Conference, held November, 2004 in Orlando, Florida. Covering three days of presentations by leading healthcare professionals in the treatment of TN and related facial pain conditions -- Diagnosis, Dental Implications, Medical Management, Surgical Procedures, Pain Management, and more! | 135 | 13.00 |
|---|---|-----|-------|

Contact info:

Contact: Trigeminal Neuralgia Association

Name: Alana Greca

Address: 2801 SW Archer Rd, Gainesville, FL 32608

Webpage: www.endthepain.org

Phone: 352-376-8688 or 800-923-3608

Email: TNAnational@tna-support.org

Web Site: www.tna-support.org



Triumph Over Pain Foundation

We can offer the following online information for professional education:

| Title | Summary of Contents | | |
|------------------------|---|---|-------------------------|
| CME/CE Meetings | A direct link to information about national & international meetings in pain management, including information specifically about meetings sponsored by the Dannemiller Foundation. Access information about Dannemiller Foundation publications & other educational programs. | Access via website | See website to register |
| CME/CE Monthly Modules | 36 individual modules, each consisting of 10 expertly abstracted articles on pain & its management. Each module is certified for up to 1 AMA category 1 credit & 1 contact hour of CE credit. Three new modules are added each month. All CME/CE is completely free & all certificates are provided online with the click of your mouse. | CME/CE Modules are supported by an educational grant from Abbott. | |
| CME/CE Articles | Full-text articles on the latest information & innovations for the care & treatment of pain. Each article is certified for AMA category 1 credit. All CME is completely free & all certificates are provided online. Visit this area often, as new articles are placed online all the time. | Access via website | |
| Interactive CME | A wide variety of slide/lecture programs on pain & its management by some of the finest thought-leaders in the field of pain management. Each slide/lecture program is certified for AMA category 1 credit & is completely free. Certificates are provided online. Some slide/lecture programs require that your computer be equipped with a sound card & speakers. | Access via website | |
| Programs on Pain | Healthcare Professionals can gain access to accredited category I Continuing Educational Credits while deepening their knowledge base. | Access via website | |

| | | | |
|-----------------------|---|--------------------|--|
| Journal | A collection of full-text articles by renowned pain physicians on various topics in the area of pain & pain management. New articles are added frequently so visit this area often. | Access via website | |
| Pain Reports | An Update on Issues, Research & Treatment Trends published by the Dannemiller Memorial Educational Foundation & supported by & educational grant from Purdue Pharma, L.P. | Access via website | |
| Expert Interviews | Selected pain topics are discussed by experts to enhance your knowledge & understanding. | Access via website | |
| Doctor's File Cabinet | Access to pain management forms, consents, and guidelines for the practicing practitioner. | Access via website | |

We can offer the following online information for patient/public awareness education:

| Title | Summary of Contents | | |
|-------------------|--|--------------------|-------------------------|
| Pain Search | Everyone's pain is unique. What type of pain are you experiencing? Select from the different types of pain below and view the specialized resources available. | Access via website | See website to register |
| Ask the Doctor | Practicing physicians provide personal responses to your pain related inquiries. | Access via website | |
| Pain Support | Full array of support resources compiled to encourage, educate, and empower you. | Access via website | |
| Pain Clinics | An extensive database of Pain Management Clinics dedicated to the specialized treatment of pain. | Access via website | |
| Expert Interviews | Selected pain topics are discussed by experts to enhance your knowledge & understanding. | Access via website | |
| E-Letter | The E Letter provides you with the latest information & resources available on Pain.com. It is also an excellent way to get to know the Advisory Panel of Physicians. Sign up to receive from the website. | Access via website | |

Contact info:

Send e-mail via the Web Site: www.pain.com



University of Florida Comprehensive Center for Pain Research

The mission of the Comprehensive Center for Pain Research is to serve people in pain by:

- Promoting novel research that will help us understand the underlying mechanisms of acute and chronic pain and ultimately lead to more effective strategies of pain management.
- Educating health professionals to help improve the management of acute and chronic pain.
- Develop programs in pain prevention especially for those involved in professions that are predisposed to chronic pain.
- Promote the development of new research initiatives by developing fund raising strategies with federal and non-federal agencies.
- Promote the development of partnerships with private companies and federal agencies that are focused on different aspects of pain prevention, management, education, and research.

Contact info:

Name: Comprehensive Center for Pain Research (University of Florida)
College of Dentistry
Address: 1600 SW Archer Road, D10-19, PO Box 100444 Gainesville, FL 32610-0444
Phone: 352-392-3032
Fax : 352-392-3031
Website: www.painresearch.ufl.edu



Visiting Nurse Associations of America

The Visiting Nurse Associations of America (VNAA) is the official national association for not-for-profit, community based home health organizations known as Visiting Nurse Associations (VNAs).

Visiting Nurse Associations (VNAs) created the profession of home health care more than 100 years ago. They have a united mission to bring compassionate, high-quality and cost-effective home care to individuals in their respective communities.

In this new century, not-for-profit VNAs continue their unparalleled selfless tradition by offering quality of life and independence to all Americans through comprehensive home health care. Today, guided by their charitable missions, VNAs care for nearly 4 million people annually.

Visit the Web Site for additional online reference information and a VNA locator. www.vnaa.org

Contact info:

Name: Visiting Nurse Associations of America
Address: 99 Summer Street, Suite 1700, Boston, MA 02110
Phone: 617-737-3200 Fax: 617-737-1144
Email: vnaa@vnaa.org
Website: www.vnaa.org



VZV Research Foundation

The VZV Research Foundation, founded in 1991, is the world's only non-profit organization solely combating the varicella-zoster virus (VZV) and VZV infections including chicken pox, shingles and post-herpetic neuralgia (PHN)—through research and education.

Visit the website for information and publications for both Healthcare Professionals and Patients.
www.vzvfoundation.org

Contact info:

Name: VZV Research Foundation
Address: 24 E 34 Street, New York, NY 10021
Phone: 212-371-7280 Fax: 212-838-0380
Email: vzv@vzvfoundation.org
Website: www.vzvfoundation.org



World Health Organization Collaborating Center for Policy and Communications

| Title | Summary of Contents | Pages/length | Charge |
|----------------------------|---|----------------------------|-----------------------|
| <i>Cancer Pain Release</i> | <i>Cancer Pain Release</i> is the publication of the World Health Organization global communications program to improve cancer pain control and palliative and supportive care. <i>Cancer Pain Release</i> is dedicated to keeping a worldwide and multidisciplinary audience in the health professions and government abreast of relevant information and developments in clinical medicine, education and policy. | Issues Indexed on Web Site | Available on Web Site |

Contact info:

Web Site: <http://www.WHOcancerpain.wisc.edu>